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ABSTRACT

The teacher's guide and student reference book presented here were developed as resources to facilitate school-age parenting education. The materials were organized around the nine essential elements for the Parenting Education for School-Age Parents course in Texas. The teacher's guide contains teaching strategies, teaching aids, paper-and-pencil activities for students, tests, and answer keys for use in teaching school-age parenting programs. The student reference book contains information and essential concepts relating to parenting skills. Within the text, bold-faced vocabulary terms are included with definitions or explanations; illustrations aid student learning. Each chapter includes a summary, vocabulary, and questions for review. In addition, 59 references are listed. Topics covered in the 25 chapters include the following: personal development; biological sexual activity; parenthood and adult roles; communication and resolution; family law; effects on prenatal development; prenatal care and concerns of expectant mothers; prenatal development, labor, and delivery; neonatal and postnatal care; personal health; nutritional needs; procedures for feeding a baby; caring for a sick child; safety practices; characteristics of a newborn; child development by years; influences on child development; play and child development; parents as role models; special concerns in the family; children with special needs and abilities; managing family life; family services; and careers and job opportunities. (KC)

ED 365 869

Successful Parenting
for School-Age Parents

Teacher's Resource Guide
Student Reference Book

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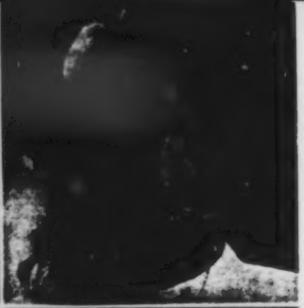

SUCCESSFUL PARENTING

for
School-Age Parents

Teacher's Resource Guide

Home Economics
Education

Texas Education Agency
Austin, Texas

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Successful Parenting for School-Age Parents

Teacher's Resource Guide

Developed and Disseminated by:
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Introduction

Concerns regarding school-age parents and adolescent pregnancies extend into all areas of today's society. They involve the health and well-being of children, the economic strains placed on the government, the educational standards set within the culture, and the future and prosperity of the nation. These concerns are commonly addressed by school systems, supportive agencies, and health care institutions in some areas of the nation; however, there are still many school-age parents and pregnant adolescents who receive very little or no professional guidance. More than one million women under the age of twenty become pregnant each year. Of those, almost half are rearing their children. In view of these statistics, the scope of the problem of school-age parents and adolescent pregnancy can appear overwhelming.

School-age parents need to acquire skills that will empower them to face life's challenges, cope with pressure in positive ways, and make decisions that contribute to their future success as well as the success of their children. They must be able to make wise personal, social, and economic decisions while recognizing and resisting negative interpersonal or media influences. For success at work and home, school-age parents must understand their roles as parents. They must be able to communicate, resolve conflicts, appreciate differences, manage dual roles, and work as group members. These parenting skills cannot be taught totally at school. However, schools can focus on selected skills that will better enable school-age parents and their children to live productively, healthily, and respectfully with others.

The *Successful Parenting for School-Age Parents Teacher's Resource Guide* and *Reference Book* have been developed as resources to facilitate school-age parenting education. The materials have been organized around the nine essential elements for the Parenting Education for School-Age Parents course.

Reference Book

The *Successful Parenting for School-Age Parents Reference Book* is a text written for the student. A variety of current resources have been reviewed in order to condense pertinent information and provide essential concepts relating to parenting skills. Within the text, bold-faced vocabulary terms are included with definitions or explanations; illustrations aid student learning. At the end of each chapter, content is summarized in Points to Remember, vocabulary words are repeated in a list of Words to Know, and questions for Review are provided.

Teacher's Resource Guide

The *Teacher's Resource Guide* contains teaching strategies, teaching aids, paper-and-pencil activities for students, tests, and answer keys for use in teaching school-age parenting programs.

Teaching strategies are provided to reinforce basic content presented in the student text and to aid in factual recall, basic comprehension, and critical thinking skills. The teaching strategies are not intended to be used in any particular order. It is recommended that teaching strategies be selected to fit the level of students' abilities and experience, their parenting situations, and time available. Teaching aids are included for use in implementing the teaching strategies.

The *Successful Parenting for School-Age Parents Teacher's Resource Guide* corresponds to the student *Reference Book.* After reading the student text, students can achieve additional learning by completing paper and pencil activities. The activities challenge the students in various ways, develop critical thinking skills, integrate academic principles, and reinforce understanding of the student text. As a timesaving device for the teacher, answers to activities are provided to assist in checking students' recall of the content presented. Chapter tests and answer keys are also included to aid the teacher.

Successful Parenting for School-Age Parents

(1) Concepts and skills related to personal development.
  (A) Analyze personal strengths and abilities.
  (B) Apply techniques to develop self-awareness.
  (C) Demonstrate skills for self-direction.
  (D) Apply strategies for coping with peer pressure.

(2) Concepts and skills related to biological sexual activity.
  (A) Describe reproductive anatomy.
  (B) Describe responsible behavior in prevention and control of disease including sexually transmitted diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).
  (C) Identify methods of pregnancy prevention/family planning.

(3) Concepts and skills related to parenthood/adult roles.
  (A) Investigate responsibilities of parenthood.
  (B) Discuss commitments and decisions involved in child rearing.
  (C) Demonstrate communication and conflict resolution skills.
  (D) Summarize the effects of the addition of children on family members.
  (E) Summarize laws related to the family.

(4) Concepts and skills related to prenatal and postnatal care.
  (A) Outline the effects of genetics, environment, and parent's health on prenatal development.
  (B) Explain the importance of early and continued prenatal care.
  (C) Discuss personal care and common concerns of expectant mothers.
  (D) Summarize the stages of prenatal development.
  (E) Analyze the process of labor and delivery.
  (F) Determine neonatal care essential to the well-being of the child.
  (G) Describe postnatal care essential to the well-being of the mother.

(5) Concepts and skills related to the health and well-being of parents and children.
  (A) Summarize ways to obtain various health services.
  (B) Outline principles of good personal health for mothers and children.
  (C) Determine nutritional needs during pregnancy, lactation, infancy, and early childhood.
  (D) Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.
  (E) Describe techniques for caring for a sick child.
  (F) Determine safety practices important to the care and guidance of young children.

(6) Concepts and skills related to the development of children from birth to three years of age.
  (A) Describe the characteristics of the newborn.
  (B) Describe the stages of growth and development of infants and children from birth to three years of age.
  (C) Summarize various theories and principles of growth and development of infants and children.
  (D) Analyze influences on social, emotional, intellectual, physical, and moral development.
  (E) Determine the effect of parenting/caregiving on a child's self-esteem.
  (F) Relate the significance of play to a child's development.
  (G) Explain how parents are the first teachers and role models for children.

(7) Concepts and skills related to special concerns in the family.
  (A) Identify potential family problems and crises.
  (B) Explain methods for preventing and coping with family crises.
  (C) Explain methods for identifying and caring for children with special needs and abilities.

(8) Concepts and skills related to management in family life.
  (A) Apply procedures for meeting individual and family needs through resource management.
  (B) Explain methods of sharing parenting responsibilities within a family.
  (C) Summarize community resources available to assist families.
  (D) Apply techniques for assuming the multiple roles of school-age parents.
  (E) Identify potential sources of income.
  (F) Summarize the effects of management on the quality of life.

(9) Concepts and skills related to careers and job opportunities.
  (A) Explain the importance of work ethics.
  (B) Determine skills and work habits contributing to employability.
  (C) Describe the interrelationship between home life and work life.

GUIDE TO ESSENTIAL ELEMENTS

Successful Parenting for School-age Parents

Essential Elements		Related Chapters
(1A)	Analyze personal skills related to personal development.	1
(1B)	Apply techniques to develop self-awareness.	1
(1C)	Demonstrate skills for self-direction.	1
(1D)	Apply strategies for coping with peer pressure.	1
(2A)	Describe reproductive anatomy.	2
(2B)	Describe responsible behavior in prevention and control of diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).	2
(2C)	Identify methods of pregnancy prevention/family planning.	2
(3A)	Investigate responsibilities of parenthood.	3
(3B)	Discuss commitments and decisions involved in child rearing.	3
(3C)	Demonstrate communication and conflict resolution skills.	4
(3D)	Summarize the effects of the addition of children on family members.	3
(3E)	Summarize laws related to the family.	5
(4A)	Outline the effects of genetics, environment, and parent's health on prenatal development.	6
(4B)	Explain the importance of early and continued prenatal care.	7
(4C)	Discuss personal care and common concerns of expectant mothers.	7
(4D)	Summarize the stages of prenatal development.	8
(4E)	Analyze the process of labor and delivery.	8
(4F)	Determine neonatal care essential to the well-being of the child.	9
(4G)	Describe postnatal care essential to the well-being of the mother.	9
(5A)	Summarize ways to obtain various health services.	10
(5B)	Outline the principles of good personal health for mothers and children.	10
(5C)	Determine nutritional needs during pregnancy, lactation, and early childhood.	11
(5D)	Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.	12
(5E)	Describe techniques for caring for a sick child.	13
(5F)	Determine safety practices important to the care and guidance of young children.	14
(6A)	Describe the characteristics of the newborn.	15
(6B)	Describe the stages of growth and development of infants and children from birth to three years of age.	16, 17
(6C)	Summarize various theories and principles of growth and development of infants and children.	18
(6D)	Analyze influences on social, emotional, intellectual, physical, and moral development.	18
(6E)	Determine the effect of parenting/caregiving on a child's self-esteem.	20
(6F)	Relate the significance of play to a child's development.	19
(6G)	Explain how parents are the first teachers and role models for children.	20

Essential Elements	Related Chapters
(7A) Identify potential family problems and crises.	21
(7B) Explain methods for preventing and coping with family crises.	21
(7C) Explain methods for identifying and caring for children with special needs and abilities.	22
(8A) Apply procedures for meeting individual and family needs through resource management.	23
(8B) Explain methods of sharing parenting responsibilities within a family.	23
(8C) Summarize community resources available to assist families.	24
(8D) Apply techniques for assuming the multiple roles of school-age parents.	23
(8E) Identify potential sources of income.	24
(8F) Summarize the effects of management on the quality of life.	23
(9A) Explain the importance of work ethics.	25
(9B) Determine the skills and work habits contributing to employability.	25
(9C) Describe the interrelationship between home life and work life.	25

Teaching Strategies
Teaching Aids
Student Activities

1

Personal Development

Essential Elements

(1) Concepts and skills related to personal development.
  - Analyze personal strengths and abilities.(1A)
  - Apply techniques to develop self-awareness.(1B)
  - Demonstrate skills for self-direction.(1C)
  - Apply strategies for coping with peer pressure.(1D)

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Strengths and Abilities

Give each student a white index card. Instruct each student to list five personal strengths on one side of the card and five personal weaknesses on the other side of the card. Give examples of strengths and weaknesses such as honest, nice smile, moody, and unsympathetic. Give each student a colored index card. Have each student list the strengths of the person sitting next to him or her and then give the card to that person. After students read and compare their own cards, lead a class discussion on the importance of capitalizing on and developing one's strengths and transforming one's weaknesses into strengths. QUESTIONS: Why is it important to identify and develop strengths? How can weaknesses be developed into strengths? How many of the strengths on your colored card match the strengths on your white card? How do others' views of your strengths and weaknesses differ from your view of yourself? Why?

Have students sit in a circle. Distribute copies of Teaching Aid 1.1, Getting to Know Me. Instruct each student to write her or his name on the paper doll and pass it to the person sitting to the left. Have each student write a positive comment about or list a strength of the owner of the paper doll. Have students continue passing the paper dolls around the circle and writing comments. Once students receive their own paper dolls, ask volunteers to read some of the comments aloud. NOTE: This is a good activity for students to become acquainted.

Divide the class into groups and have a competition to unscramble the words *uniquely me* (QYLENUIMUE). Define the word *unique* and give examples of the meaning as it refers to people. Have students write papers, as a group or individually, analyzing the following statement: "People are like snowflakes or thumb prints—they are alike but yet very different."

SELF-ESTEEM

Collect a series of cartoons dealing with self-esteem. Have students identify problems the cartoon characters have with their self-esteem and ways to solve the problems. Have students draw cartoons of their own that demonstrate their feelings about self-esteem.

Have students identify characteristics of their bodies that they like, such as length of hair, color of eyes, and size of waist. Then have students identify characteristics of their bodies they would like to change. Have each student develop a plan for changing those characteristics that can be changed. QUESTIONS: Why is it important to accept things that cannot be changed? Why should a person capitalize on his or her good qualities and minimize his or her less desirable qualities?

Show students the videotape *Self Esteem for the Teen Parent*, available from the Home Economics Curriculum Center, Texas Tech University, Box 41161, Lubbock, Texas, 79409-1161, or another audiovisual on self-esteem that relates to parenting and/or pregnancy. Ask students to think about their own self-esteem as they view the audiovisual. QUESTIONS: What can you do to improve your self-esteem? How does your self-esteem affect your child? Why is it important that you have good self-esteem?

Have each student draw a picture of herself or himself. Place the pictures in a basket and mix them up. Have students draw pictures out of the basket and try to guess which students the pictures depict. Ask students to tell the class how they reached their decisions. Lead a class discussion on the importance or unimportance of how students are perceived by others. NOTE: Students may write sentences or paragraphs describing themselves rather than drawing pictures. QUESTIONS: When is it important to be concerned with how others perceive you? Why? How does the way in which others perceive you affect your actions? How does the way in which others perceive you affect the way you see yourself?

Assign students parts from the children's story *The Ugly Duckling* and have students read the story aloud. Lead a class discussion about feelings and how important it is for students to feel good about themselves. Also discuss the concept of a late bloomer and point out how much individuals change as they go through adolescence. QUESTIONS: How did the baby duckling feel when it was rejected? How can you avoid making anyone feel like the ugly duckling?

Self-awareness

Show students Teaching Aid 1.2, Becoming Self-Aware. Divide the class into groups and assign each group one of the points listed on the teaching aid. Have each group create a skit depicting a person who is unaware of himself or herself and unable to follow the suggestions for becoming self-aware. Have the class provide suggestions for how the persons depicted in each skit can become more self-aware.

Have students collect pictures from newspapers and magazines of people of various ages who are expressing self-awareness. The pictures should include children, teenagers, and elderly persons. Have students present their pictures to the class and explain why they think the people shown are aware of themselves.

Hang two large pieces of colored paper on the bulletin board. Title one piece "What I Feel Good About" and the other piece "What I Feel Bad About." Have students list their feelings on each sheet. Encourage students to be honest. Lead a class discussion on reasons why a certain topic causes some students to feel good and other students to feel bad. Try to keep the reactions focused on individual students. QUESTIONS: Why do our feelings differ on the same topic or event? How can we help each other deal with our feelings?

Encourage each student to keep a diary for a period of two to four weeks, listing all of the things she or he does for someone else. Students should also try to analyze what made them act as they did and how they felt about it afterwards. Do not ask to see the diaries so students can keep very personal, private accounts of their actions. Some students may volunteer to share their entries with the class. This teaching strategy may be used as an FHA/HERO activity.

Have each student keep a journal throughout the year, turning the journal in on a weekly basis. Assign a topic for students to write about in their journals on some days, and have free writing on other days. Reinforce to students that their journals will only be read by you. Be sure to read the journals at least once a week. Students can be assigned a participation grade for this activity.

STRESS

Divide the class into groups. Have each group select pictures from magazines of perfect parts of people or things and mount the pictures on a poster in the form of a perfect "being" (not necessarily a human being). Instruct each group to write a brief paragraph explaining why their being is perfect and attach it to the back of the poster. Have each group present their poster to the class and describe their perfect being. Encourage students to be creative.

Divide the class into groups. Have each group write a story, commercial, short video, play or other creative material describing the stress involved in the following topics:

- murder
- stealing
- lying
- gossiping
- taking drugs
- adoption
- abortion

Students should focus on the stress caused by the event rather than the actual event. Have each group present their finished product to the class. Instruct the class to identify the stressors in each situation. Encourage creativity by giving an award for the most creative presentation.

Have students anonymously list things or events that cause them to feel stress. List the following categories on the chalkboard and give examples of each: everyday stress, unexpected situations, sustained stress, and crises. Collect the papers and read the lists to the class. Pause after reading each stressor and ask different students to write the stressor on the chalkboard under the correct category.

Assign each student to interview two older parents with young children and two younger parents with young children to find out how they cope with stress in their lives. Have students report their findings in class. QUESTIONS: How do the parents cope with stress? Did the age difference between the parents affect their ability to cope with stress? Why? Which coping methods were positive? negative? How does your ability to cope with stress compare to that of the parents you interviewed? Which interviewee did you identify with the most? Why?

Show students Teaching Aid 1.3, Coping with Stress. Lead a class discussion about positive strategies that can reduce or relieve stress. Also discuss negative strategies some people use to reduce or relieve stress. Explain that negative strategies such as drug use, alcohol use, running away, and smoking offer only temporary escape from the stressor and often lead to additional stress. QUESTIONS: Why do some people sometimes find it easier to deal with stress negatively? What positive strategies can be used to reduce stress?

SELF-CONCEPT

Ask each student to bring a plastic garbage bag to class. To demonstrate Johari's Window, have each student create his or her open self on the outside of the garbage bag and hidden self on the inside of the bag. Encourage students to evaluate their hidden selves honestly, assuring them that the hidden selves will be kept confidential. Students can draw, paint, sew, or paste pictures and words cut from magazines on the bags or in the bags. Once the bags are completed, mix them up. Randomly choose a few bags and pin them on volunteers. As each bag is modeled, ask students if they can determine which student created the bag. Do not reveal the inside of the bags unless students volunteer to share and discuss their hidden selves.

Show students the videotape *You are Good Stuff* and/or *Who is the Me in Me* available from the Home Economics Curriculum Center, Texas Tech University, Box 41161, Lubbock, Texas, 79409-1161. After watching the videotape, lead a class discussion on how the students feel about themselves. QUESTIONS: What suggestions in the videotape can you apply to yourself? What suggestions in the videotape can you apply to others? Why is it important to develop your self-concept?

Self-direction

Show students Teaching Aid 1.4, Which Way Am I Going?, and have them select the directions their lives are taking. Instruct students to write paragraphs explaining why they feel their lives are going in their chosen directions. Ask students to select the directions they see their lives going in five years and write paragraphs explaining their decisions.

Provide newspapers for the class. Have students read the newspapers for one week and collect articles in which a person's life has been misdirected. Instruct each student to choose one article and write a brief paper analyzing the direction taken by the person in the article. Have students present their articles and papers to the class.

DECISION MAKING

Have each student make a list of all the decisions she or he has made during the day. Have students rank their decisions in order of importance or degree of effect on their futures. Ask volunteers to share their lists with the class. Identify decisions on the lists that are similar or identical. Explain why some decisions, such as whether to eat cereal or yogurt for breakfast, should not be dwelled upon.

Ask students to think about some of the major decisions they will make in the future. Have each student pretend he or she lives in the future and choose two decisions. Instruct students to list the steps they see themselves following in the future and describe the effect their decisions have on the rest of their lives. QUESTIONS: Why is it important to learn how to make both major and minor decisions effectively? When do we first learn to make decisions?

SETTING GOALS

Have students study references and develop definitions for the term *goal*. Have students share their definitions in class and decide on a class definition for the term. Ask each student to write four short-term goals and four long-term goals on a sheet of paper. Have students exchange papers with classmates and write positive suggestions for achieving the identified goals.

Have students select long-term goals that can be attained within the time frame of the course. Each week, have each student identify a short-term goal that will lead to the accomplishment of the long-term goal. Students should accomplish their short-term goals within one week and at that time report to the class what was accomplished. Students should set new short-term goals each week. As students achieve their long-term goals, have them write essays describing how the long-term goals were reached.

Peer Pressure

Show students Teaching Aid 1.5, Dealing with Peer Pressure. Have students draw their own cartoons depicting actual peer pressure situations they have experienced. Have volunteers explain their cartoons to the class and post them on a bulletin board.

Videotape a portion of a popular television show in which peer pressure is depicted. Show the videotape to the class. Have students identify the peer pressure and critique the show based on the following guidelines:
- realism to today's world
- reaction of teenagers to peer pressure
- reaction of adults to peer pressure
- solution to the problem

QUESTIONS: How realistic was the depiction of peer pressure? Have you ever been in a situation similar to that shown on television? How did you deal with the pressure? Was your plan of action more effective than that of the television character?

Give each student a piece of red paper and a piece of green paper. Ask each student to list on a separate piece of paper the different groups that she or he belongs to or has belonged to in the past. Instruct students to list on the green pieces of paper the groups that have had positive effects on their lives. Have students list on the red pieces of paper the groups that have had negative effects on their lives. Have students state on their pieces of paper how each of the groups affects their lives. Students should include their families as groups they belong to as well as structured organizations such as athletic teams, academic clubs, and social groups. Have each student select a partner and discuss the effects that belonging to groups have on their lives. Have students post the green pieces of paper on the bulletin board under the title "Go for It" to encourage positive participation in groups. QUESTIONS: What can you do to change the negative effects of a group? Why are some people more inclined to join groups that have negative effects on their lives rather than ones that have positive effects?

Invite a panel to speak to the class about gangs and gang-related behavior. Members of the panel may include former gang members, school administrators, and law officers. Have students prepare written questions for the panel members. QUESTIONS: What harmful consequences can result from gang involvement? What type of person is most likely to join a gang? Why? How can you refrain from becoming involved in a gang?

Write the words *peer pressure* vertically on the chalkboard. Ask students to name common areas in which teenagers feel peer pressure similar to the example below.

P-laces you go
E-ating junk food
E-xperimenting with drugs
R-esisting school rules

P-eople you go out with
R-iding in cars
E-ngaging in shoplifting
S-moking
S-ex
U-sing alcohol
R-efusing to take care of my child
E-xpensive clothes

Invite a school counselor, parent, youth director, psychologist, teacher, and/or school administrator to participate in a panel discussion on the positive and negative effects of peer pressure. Ask the panel to discuss sources of peer pressure, effects of peer pressure on teenagers, effects of peer pressure on teenage relationships within the family, and effects of peer pressure on teenage relationships with other teenagers. Have the panel point out both positive effects and negative effects of peer pressure and give specific examples of ways teenagers can handle peer pressure effectively.

CONFORMITY

Have each student make a list of people he or she knows who "do their own thing" regardless of what others are doing. The actions these people take may be considered positive, negative, or neutral. Have students give examples of how the people on their lists do not conform or follow the crowd. QUESTIONS: In what ways do you "do your own thing"? Are the actions of the people on your list positive, negative, or neutral? Why?

Write the term *conform* on the chalkboard. Draw two vertical columns under the term and label one *positive* and the other *negative*. Define the terms *conform* and *conformity* for students. Ask students to think of situations in which they may be pressured to conform or situations in which it would be best to conform. Have students write their ideas on the chalkboard in the appropriate column.

Have students analyze the following statement: "Success, recognition, and conformity are the by-words of the modern world where everyone seems to crave the anesthetizing security of being identified with the majority" (Martin Luther King, Jr., *Strength to Love*, 1963). Have students write essays explaining their interpretations of the statement.

RISK-TAKING

Show students pictures of risk-taking behavior such as smoking, drinking alcohol, forming a relationship, applying for a job, attempting to mend a relationship, or returning to school after dropping out. Assign a number to each picture. As students view the pictures, instruct them to determine which are positive and which are negative behaviors. Have each student number a sheet of paper and write the letter *P* if the behavior is positive and the letter *N* if the behavior is negative next to the corresponding number of each picture. Students also should note the reasons for their choices. Lead students to brainstorm and list other types of risk-taking behaviors and explain why they are positive or negative. QUESTIONS: Are you a risk taker? In what way? Why is it important to take risks? What happens to a person who is afraid to take any kind of risk?

Have students read newspapers for one week, looking for articles about people who do not or have not taken responsibility for their actions. Have each student choose one article and write a brief summary, including personal opinions and feelings about the situation if desired. NOTE: Students also may recall past experiences where individuals did not take responsibility for their actions. QUESTIONS: What allowances are made for people who do not take responsibility for their actions? Who suffers when some people or groups are not held accountable for their actions?

COMMUNICATION

Ask for volunteers to play the roles of a ship captain and a lighthouse keeper. Provide a simulated steering wheel for the ship captain and a foghorn for the lighthouse keeper. Send the ship captain out of the room to be blindfolded while the rest of the class builds an obstacle course of icebergs, using furniture, books, and other props. (Exercise safety during this activity.) Have the ship captain return to the classroom and have a student set the scene as follows:

- It is a foggy night.
- The captain's crew is sick with food poisoning.
- The ship has been leaking oil since early that morning.
- The ship must get to the sea so it can make it to dock by morning.
- The ship's radar has been damaged so the captain cannot be heard by the lighthouse keeper.

The lighthouse keeper is responsible for steering the ship to safety by using horns and verbal instructions. The captain is not allowed to speak. If the captain runs into more than one iceberg, the ship is sunk. Have several teams of students take turns navigating a variety of obstacle courses. After the game is complete, ask students to write essays on the importance of clear communication in all areas of life. QUESTIONS: Why is listening as much a part of communicating as speaking? Why is effective communication vital in rearing your child?

Have students choose partners. Instruct one person in each pair to wear a blindfold. Instruct the students who are not wearing blindfolds to give instructions to the blindfolded students regarding activities involving children such as the following:

- diapering a baby
- giving medication to a toddler
- demonstrating hop, skip, and jump motions

After completing the activities, students should trade roles. The team who demonstrates effective verbal communication will complete the activities with the most accuracy.

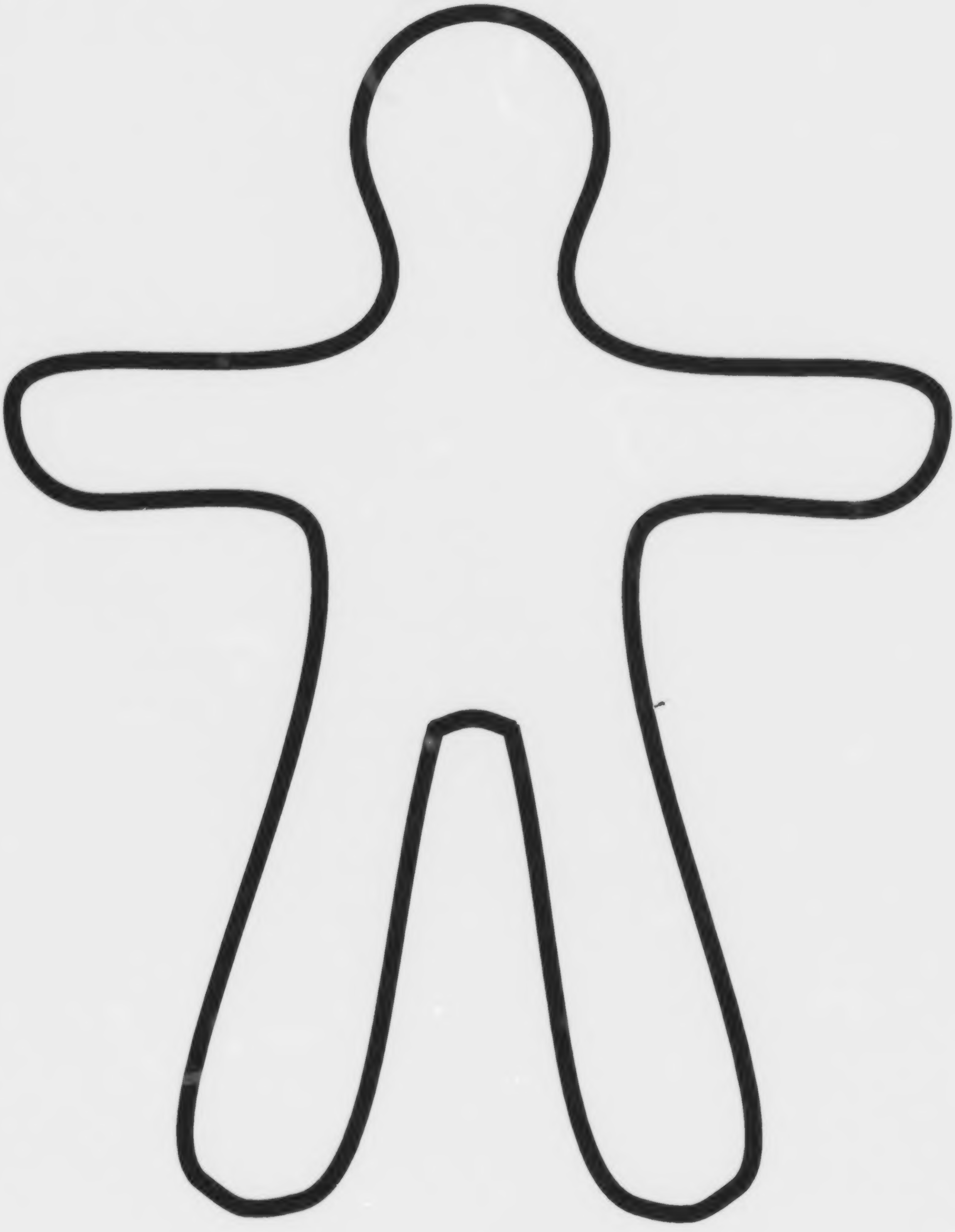
Assign a reading or show an audiovisual on the role of communication in building positive relationships. Lead a class discussion based on the definition of communication, importance of communication in our daily lives, constructive outcomes of communication, and destructive outcomes of communication. QUESTIONS: How does communication help build positive relationships? In what ways can communication be destructive? How can destructive communication be changed to constructive communication?

Instruct students to keep track of the styles in which they communicate for two days by describing in a journal all of their communication with other people such as teachers, friends, children, parents, and business people. Once the journals are complete, have students determine when assertive, aggressive, or passive communication was used. Have students total the number of entries in their journals and determine what percent of their communication was assertive, what percent was aggressive, and what percent was passive. Have students compare their percentages and label their individual styles of communication.

Have students read from references about the characteristics of assertive, aggressive, and passive behavior in communication. Divide the class into groups, assigning each group a type of behavior. Have each group create a skit describing the type of behavior assigned. After each group performs, have students determine the type of behavior depicted.

Divide the class into cooperative learning groups. Write a topic on the chalkboard or overhead projector, especially one that requires steps such as diapering a baby. Ask each student to write a description that would be adequate for someone who has never diapered a baby. The exercise should be timed. After one minute, students pass their papers to the right. Each student reads what is on the paper she or he receives and continues with the writing from that point. The exercise is finished when students receive their own paper back. Each group should be sized to what the teacher thinks is required to cover the topic, such as five people/five minutes or ten people/ten minutes.

Getting to Know Me



TA 1.2

Becoming Self-Aware

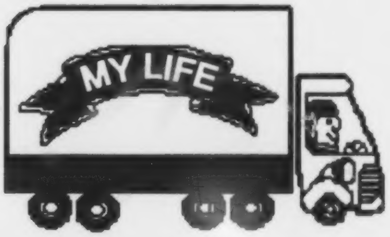
Know your strengths and weaknesses.

Face daily challenges and stress with confidence.

High School Times
Student Council Election Today

Form your own opinions.

Make choices about your actions.



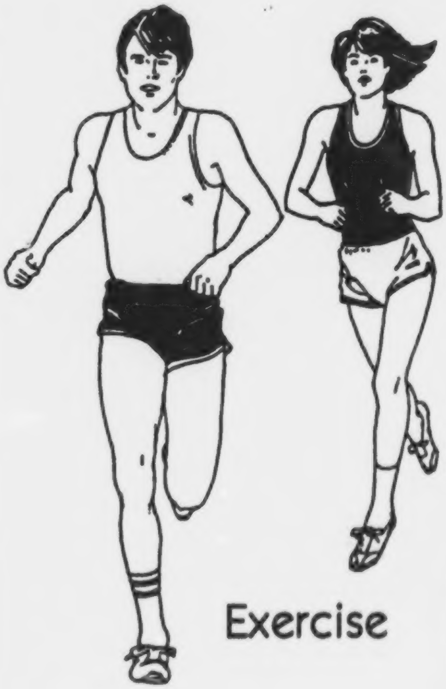
Control your life.

Have confidence in your actions.

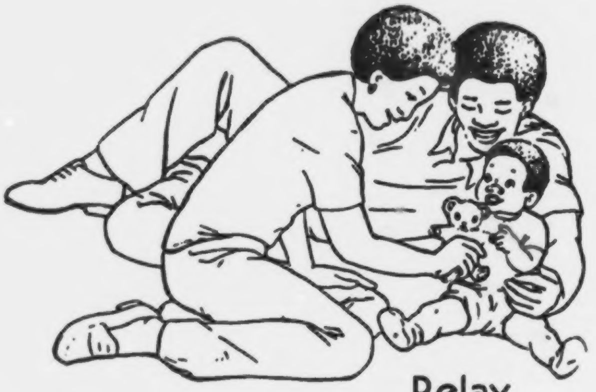
Have a good support system.

Think for yourself.

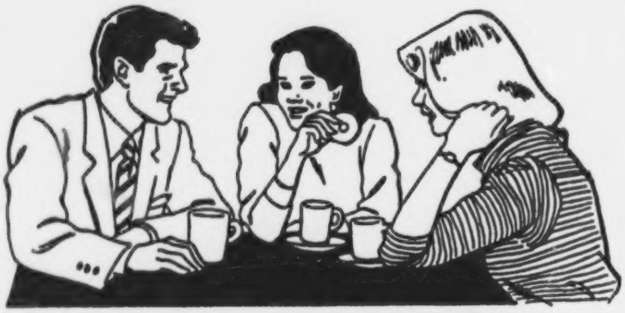
Coping with Stress



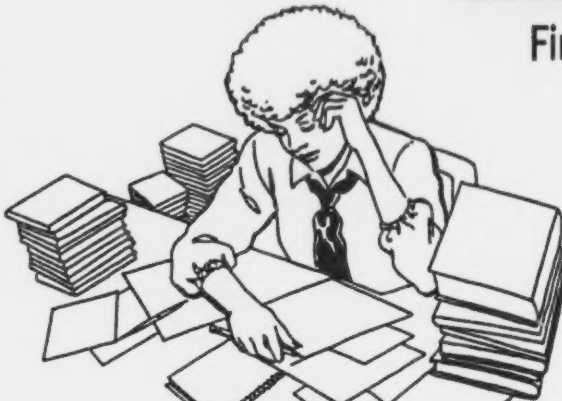
Exercise



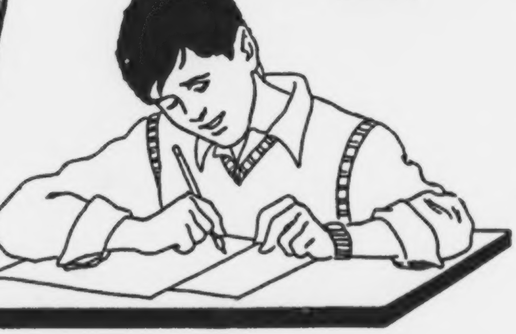
Relax



Find a Support Group



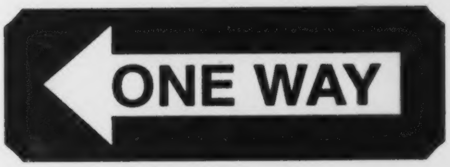
Recognize Stressors

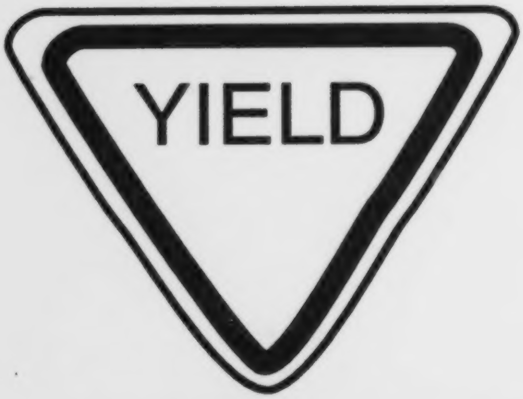


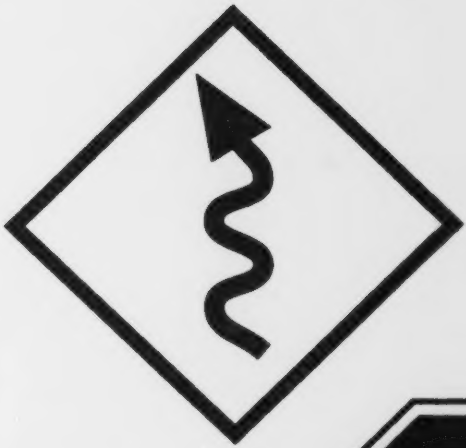
Manage Time & Resources

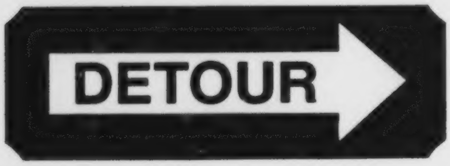
TA 1.4

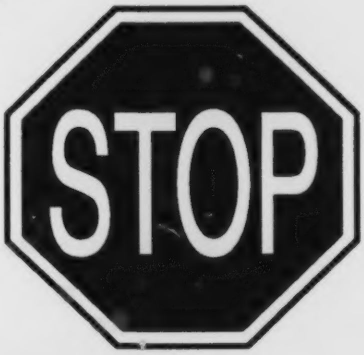
Which Way Am I Going?

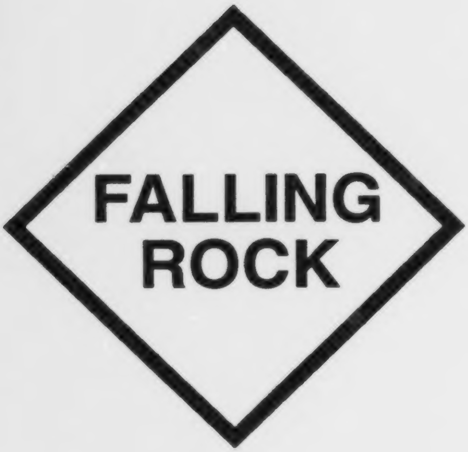


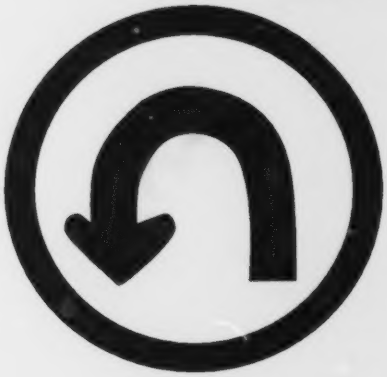




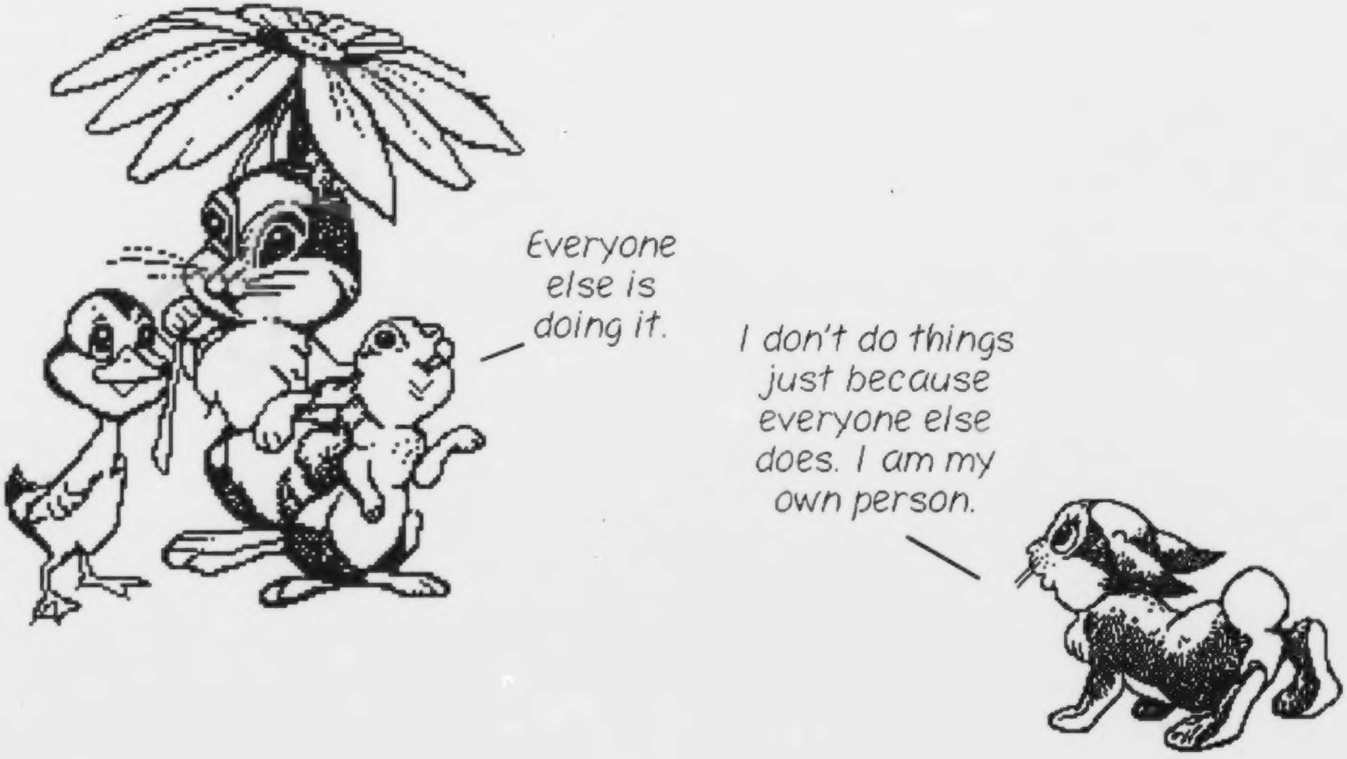





FALLING
ROCK



DEALING WITH PEER PRESSURE


Everyone else is doing it.
I don't do things just because everyone else does. I am my own person.

15

TA 15

31

Activity 1-1: Strengths and Abilities

Directions: In Column I, list things you do very well. In Column II, list things you do well. In Column III, list things you do not do well. In the right side of Columns II and III, record ways you can improve. Analyze your list to determine how realistic your answers are. An example is provided.

Column I	Column II		Column III	
Things I Do Very Well	Things I Do Well	How I Can Improve	Things I Do Not Do Well	How I Can Improve
	Snow Skiing	go more often so I can practice more		

Activity 1-2: Self-awareness

Directions: Read the poem below. In the space provided, list events, experiences, or times in your life when you had the same feelings as those expressed in the poem.

Thinking

If you think you are beaten, you are;
If you think you dare not, you don't;
If you like to win but think you can't,
it's almost a cinch you won't.

If you think you will lose, you're lost,
for out in the world we find
success begins with a fellow's will;
it's all in the state of mind.

If you think you are outclassed, you are;
you've got to think high to rise;
you've got to be sure of yourself before
you can ever win a prize.

Life's battles don't always go
to the stronger or the faster man;
but sooner or later the one who wins,
is the one who **thinks** he can.

Source Unknown

Review the statements you wrote above and note any weaknesses you identified. In the space below, discuss how recognizing your weaknesses can help you become self-aware and develop a more positive attitude.

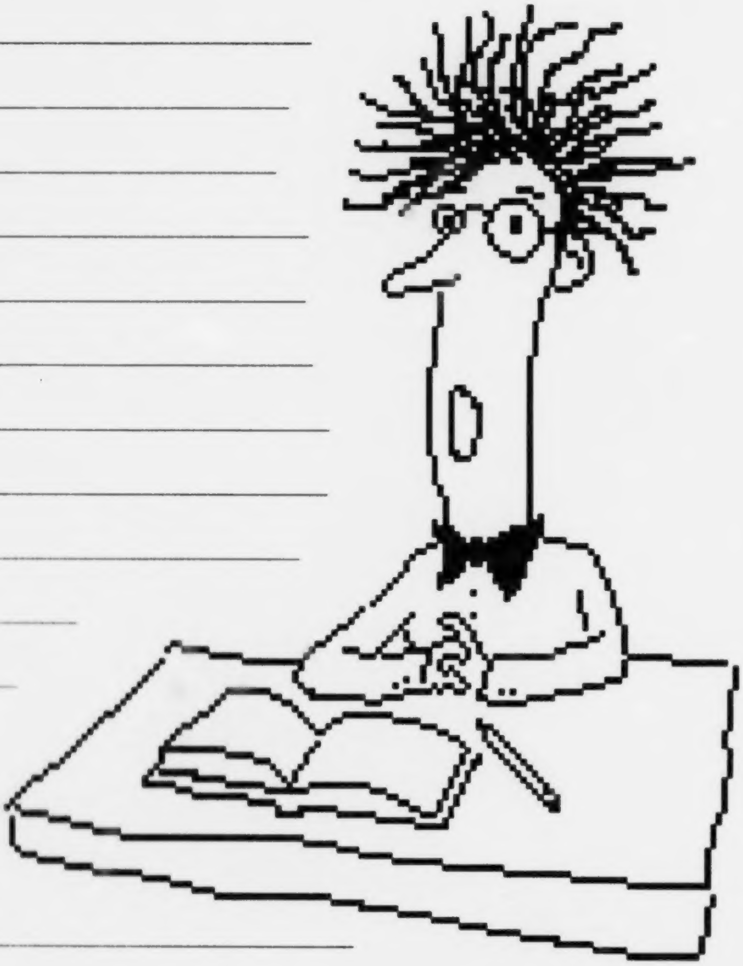
Activity 1-3: Self-awareness

Directions: In the column titled "Stressors," make a list of the things, people, places, or events that cause you to feel stress. In the next column, state why each stressor causes you stress and indicate whether the stress is good stress or bad stress by circling either *G* or *B*. In the column titled "Stress Signals," list the signals that alert you to feeling each stress and note if they are physical or emotional by circling either *P* or *E*. In the last column, describe how you cope with each stress and why your techniques work or do not work.

Stressors	Type of Stress	Stress Signals	Coping Strategies
	G B	P E	
	G B	P E	
	G B	P E	
	G B	P E	
	G B	P E	
	G B	P E	
	G B	P E	
	G B	P E	

Activity 1-4: *Self-awareness*

Directions: Write a paragraph describing the stress depicted by the illustration. Do you ever feel like the person pictured must feel? What do you do to feel better? Does anyone else in your life ever feel like this? Why?



Activity 1-5: *Self-direction*

Directions: Complete the chart below by ranking how others influence your choices. Rank how the persons listed above each column influence each choice listed. Use a scale from one to six, with the number one representing the least amount of influence and the number six representing the most influence a person has over your choices. Total each vertical column to determine who influences your choices the most. Total each horizontal column to determine what choices are most influenced by other people.

Choices	**Yourself**	**Brothers or Sisters**	**Parents or Guardians**	**Best Friend**	**Other Friends**	**Other Adults**	**Totals**
		Least Influence 1 2 3		Most Influence 4 5 6			
Clothing							
Quality of Schoolwork							
Career Interest							
Smoking							
Drinking							
Hairstyle							
Extracurricular Activities							
Dating							
Sexual Activity							
Parenting Skills							
Totals							

Who influences your choices the most? Why? ____________________

____

Is what other people think important to you? Why? ____________________

____

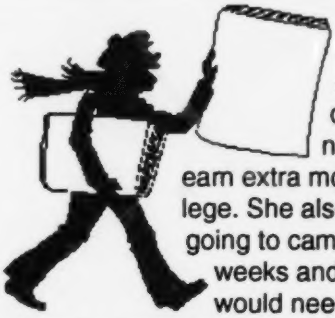
Why is it important for you to be able to think for yourself? ____________________

____

Activity 1-6: Self-direction

Directions: Think of situations in your life where it would have been easier to blame someone else for your actions rather than yourself. Read each of the case studies below and give advice on how the characters can take responsibility for their own actions. Write your advice in the space provided.

Sharon knew she should not drive at night because she needed new glasses to help her see better. She wanted to go to John's party and decided it would be okay if she drove just this once. Sharon had an accident and blamed the other driver. Sharon, however, knew the accident was her fault because she did not see the other driver.



Joan got a job delivering newspapers to earn extra money for college. She also planned on going to camp for two weeks and knew she would need someone to deliver newspapers for her while she was gone. As time for camp came closer, Joan still had not arranged for a substitute. She finally convinced her best friend Ray to take over, knowing he was unreliable and also had other plans. When Joan returned from camp, she discovered she had been fired because no one had delivered her newspapers. Joan said it was Ray's fault the newspapers were not delivered and that she should not be punished for Ray's irresponsibility.

Activity 1-7: *Peer Pressure*

Directions: Make a list of adults and teenagers who are affected by peer pressure. Explain why you believe each person is affected by peer pressure and list a specific example of peer pressure that affects each. Rather than listing the real names of the persons, list fictitious names or use numbers for identification.

Names of Adults	Reasons Affected By Peer Pressure	Examples of Peer Pressure
Names of Teenagers	Reasons Affected By Peer Pressure	Examples of Peer Pressure

Activity 1-8: *Peer Pressure*

Directions: Read each statement below and decide if it is passive, assertive, or aggressive. Circle the P for passive, the AS for assertive, or the AG for aggressive. In the space provided, rewrite each aggressive statement and each passive statement to make it assertive.

1. P | AS | AG child care worker speaking to a child: "Eat your spinach, or you will get a spanking."

2. P | AS | AG bank vice-president speaking to bank vice-president: "I will get your coffee right away."

3. P | AS | AG executive secretary speaking to administrative assistant: "I believe the filing you asked me to do can be done by someone in your office."

4. P | AS | AG student speaking to student: "Susan, I'm very busy, but I will stay late and help you finish your work."

5. P | AS | AG vice-president speaking to president: "I believe you are unhappy with the way the meeting progressed this morning."

6. P | AS | AG co-worker speaking to you: "You cannot do anything right. Just get out of the way and let me do the job."

7. P | AS | AG assistant speaking to supervisor: "I don't mind canceling my vacation so I can finish your report."

8. P | AS | AG supervisor speaking to assistant: "You are so irresponsible. If you don't get it right tomorrow, I will fire you."

Activity 1-9: *Peer Pressure*

Directions: Read each situation listed below. Place a √ in the column that best describes what you believe you *should* do in each situation (either conform with what the group is doing or act independently). Then place a √ in the column that best describes what you believe you *would* do in each situation. In the last column, explain the possible results of your actions.

Situation	I Should Conform	I Should Act Independently	I Would Conform	I Would Act Independently	Consequences of My Actions
Four friends sneak out of their houses during the middle of the night to go driving.					
A fire drill occurs at school.					
Your friends are skipping school to go to the beach.					
You witness a car accident along with at least a dozen other people who are too frightened to act. An elderly man needs first aid.					
You have just found out you are pregnant, and your friends want you to drink alcohol at a party.					
A large group of students are staging a formal protest of the school's dress code.					
Your friends want you to leave your baby alone while you go for a quick ride with them.					
The teacher leaves the room during a test, and most students reach for their notes and openly discuss their answers with one another.					
Your friends are all lying about the actions of a teacher.					

2 Biological Sexual Activity

Essential Elements

(2) Concepts and skills related to biological sexual activity.
- Describe reproductive anatomy.(2A)
- Describe responsible behavior in prevention and control of disease including sexually transmitted diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).(2B)
- Identify methods of pregnancy prevention/family planning.(2C)

NOTE TO TEACHER 26
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Teaching Aids 33
Student Activities 43

Note to the Teacher

Chapter 2 of the *Teacher's Resource Guide* and *Student Reference Book* contains sensitive information about biological sexual activity. Factual content regarding reproductive anatomy, sexually transmitted diseases, and pregnancy prevention are provided to enable students to make wise, responsible sexual decisions. Such decisions are critical to successful parenting by school-age parents.

Effective school-age parenting programs require collaboration between students, parents, teachers, school district personnel, advisory council members, and community representatives. Each teacher is cautioned to use discretion in order to select and present material appropriately, considering both the individual needs of students and the policies of the local school district and community.

Ask students to write their own definitions of the term *sexuality.* Then have students read references to determine other definitions of sexuality. Collect students' definitions and read them to the class. Do not identify who wrote the definitions. Allow students who feel comfortable to explain their definitions to the class. Have students read the definitions found in reference books to the class. Compare and contrast the definitions by writing key words from the definitions on the chalkboard.

The Reproductive Process

Have students interview parents of young children (three to seven years old) about the questions children ask about sex. Have students use Teaching Aid 2.1, Questions Kids Ask, as a guide during the interview process. Students should interview parents whom they know and feel comfortable talking to about sex. Once the interviews are complete, ask students to share their findings with the class. Ask volunteers to role play a mother/child scenario and a father/child scenario relating to questions about sex. The role plays can be truthful, serious, ideal, realistic, and/or comical. Students can also play reverse roles. For example, a female can play the father role and a male can play the mother role.

Give each student an index card. Instruct students to write the word *myth* on one side of the card and the word *fact* on the other side of the card. Define the terms *myth* and *fact* for students. Lead students to brainstorm and list on paper fallacies they have heard about sex and the human body. Collect the papers and add truthful statements to the lists. Read statements from the lists and instruct each student to hold up the side of the index card that best identifies the statement. When students disagree about the truth of a statement, pause and explain to the class why the statement is a fact or a myth.

REPRODUCTIVE ANATOMY

Show students Teaching Aid 2.2, Male Reproductive Organs, and Teaching Aid 2.3, Female Reproductive Organs. Have students list each organ identified and record its function on a separate sheet of paper. As each student completes the descriptions, have him or her exchange papers with a classmate to check for correct answers.

Have students read references and define the following terms: *genitals, sperm, semen, egg, cervix, fallopian tubes, uterus, clitoris, vagina, labia, urethra, ovary, penis, scrotum, testes, vas deferens, epididymis, seminal vesicle*, and *prostate*. Divide the class into two teams. Have the teams stand on opposite sides of the classroom. Read a definition of one of the above terms out loud and instruct each team to identify the term that goes with the definition. Each team should select one member to write the word on the board. The first team to write the correct word on the chalkboard wins a point. The team with the most points after all definitions have been read is the winner.

Give each student an index card. Instruct students to write questions about their bodies they would like answered. Collect the cards and redistribute them to students, making sure students do not get their own cards. Have students use resources to answer the question on the card. Collect the cards, and read the questions and answers to the class, asking students to respond if they disagree with the answers. NOTE: Students may need individualized help when answering the questions. This is a good indicator of the myths students believe about their bodies and sex.

CONCEPTION

Show students a visual on human creation. *LIFE* magazine or the video *The Miracle of Life* from the PBS series NOVA are good sources. Give students several moments to meditate on the miracle of human creation. Have students interview each other asking what thoughts they had when finding out they would become parents and immediately after their child was born. Try to pair a student who already has a child with a pregnant student. Have students summarize their interviews in a few paragraphs and share some of the comments with the class.

Write the following terms on slips of paper and place in a basket: *conception, ejaculation, sperm, egg, fertilization, sexual intercourse, ovulation, embryo, fetus.* Have each student draw one slip of paper from the basket. Have students use references to define the terms they have chosen. Once the terms are defined, ask students to place the slips of paper back in the basket and draw from the basket again to repeat the exercise with a different term. Assign students to write a paragraph describing how the two defined terms are related. Ask volunteers to read their paragraphs to the class.

Cut apart the diagrams on Teaching Aid 2.4, The Female Reproductive Cycle, and place in a basket. Have five volunteers select a diagram from the basket. Instruct students to analyze the diagrams and describe what is occurring in the diagram to the class. Ask other students if they agree with the descriptions. If there is disagreement, have students discuss the diagram and agree on what is depicted. After all descriptions are agreed upon, have students place the diagrams on the bulletin board in the order in which each process occurs. Have the rest of the class check the order to make sure it is correct. NOTE: As shown on the Teaching Aid 2.4 Answer Key, diagrams 3 and 4 depict the process of fertilization and implantation of the fertilized egg; diagram 3a depicts the process of menstruation which occurs if the egg is not fertilized.

Ask students to think about how they learned what they know about sex. Use humorous pictures and stories to assist in explaining that many parents, adults, and children have difficulty discussing sex. Have students collect comic strips or cartoons about parent/child discussions concerning sex and related topics. Have students discuss whether they agree or disagree with the comic strips and cartoons.

Show students the beginning of a movie such as *Look Who's Talking*. Ask students to write papers discussing the accuracy of the movie's portrayal of conception. The papers should also include explanations of how students would explain this part of the movie to their small child (five or six years old) if they were watching the movie together.

RESPONSIBLE SEXUAL BEHAVIOR

Lead students to brainstorm and list names of people in the news who they consider sexually immature. List the reasons for their opinions on the chalkboard. Allow students who disagree to share their views. Lead a class discussion on how the individuals listed can become more sexually responsible. QUESTIONS: What are characteristics of a sexually immature person? What are characteristics of a sexually mature person? Why is it important for people not to engage in sexual activity until they are sexually mature? How can one become sexually mature?

Divide the class into groups and assign each group one of the questions from Teaching Aid 2.5, Should I Have Sex? Instruct each group to develop a short skit about their question and why it is important to ask prior to having a sexual relationship. Encourage the groups to be creative and use props when performing their skits. Once all of the skits have been performed, show students the teaching aid and ask them to rank, in order of importance, the questions people should ask themselves before having sex. If it is not possible to have both sexes on teams, have students talk with brothers, sisters, or close friends to find out the thoughts and feelings of both sexes.

Have students keep diaries detailing the mixed messages the media sends the public about sexual behavior. Have students monitor the ways in which sexual behavior is presented on television, in music, or in print. Instruct students to write in the diaries on a daily basis for a period of one to two weeks. Each entry should describe where, when, and how the sexual behavior was presented, who made the presentation, and students' reactions to the presentation. Have students use Teaching Aid 2.6, Media Diary, as a guide. Once the diaries are completed, have students analyze their findings in written papers. QUESTIONS: How does the media affect your opinion of what responsible sexual behavior is? How do you feel about your child being exposed to the sexual behavior that is presented in the media?

INTIMACY

Have students collect pictures from magazines of people who appear to have an intimate relationship with each other. Have students mount their pictures on posters and display the posters in the classroom. Ask students to tell about some of their favorite pictures, describing how the pictures portray intimate relationships. QUESTIONS: What type of person or personality makes it difficult to develop an intimate relationship? How can the barriers to having an intimate relationship be broken down? Why is it harmful to participate in a sexual relationship that lacks intimacy?

Lead students to brainstorm and list characteristics of an intimate relationship. Have a volunteer list the characteristics on the chalkboard. Instruct each student to select one of the characteristics listed and describe how it is part of her or his own intimate relationship(s). The descriptions can be in the form of written paragraphs or presented orally to the class.

Sexually Transmitted Diseases

Show students Teaching Aid 2.7, Preventing the Spread of Sexually Transmitted Diseases. Have students respond to each statement by writing reasons they feel the statement is important or unimportant. In addition, ask students to determine why some people find these guidelines difficult to observe. QUESTIONS: What risks are involved in engaging in sexual activity? What types of protection can be used against STDs? Why is it important to know your partner?

Read the story on Teaching Aid 2.8, The Bob and Alice Story, to the class. Puppets may be used to tell the story if students do not feel comfortable playing the characters. As his or her name is mentioned, each character should come to the front of the classroom and stand next to Bob. Alice should stand aside, near the narrator. Large placards can be used as name tags and hung around each student's neck to impress upon the class that students participating are playing parts. Point out to students that no part of the exercise should be taken personally. This exercise will explain the importance of knowing one's sexual partner and making wise choices regarding sexual relationships.

AIDS

Instruct students to play the part of advice columnists by writing responses to the letter shown on Teaching Aid 2.9, Scared and Alone. Ask several students to share their advice with the class. QUESTIONS: Should Scared and Alone reschedule the AIDS test? Why? How can Scared and Alone change her or his sexual behavior to avoid situations such as this from occurring again? How can Scared and Alone overcome his or her fear of the AIDS test? Why is it difficult to give other people advice on personal issues such as AIDS testing?

Assign each student or groups of students one of the following sources where information about AIDS can be obtained:
- National AIDS Hot Line
- Texas Department of Health AIDS Information
- National AIDS Information Clearinghouse
- Drug Abuse Hot Line
- U.S. Public Health Service Centers for Disease Control

Have students contact their assigned sources and determine what information they have available and request that it be sent to them. Have students or groups compare their findings and eliminate any duplicate information. Students should then compile a classroom AIDS resource guide.

Pregnancy Prevention

Divide the class into groups. Assign each group a type of contraception. After researching and reading about the type of contraception assigned, each group should create a presentation for the class. The presentations should be creative as well as informative. After the presentations, have the groups work together to create a display for the classroom of the types of contraception presented.

Invite an expert on the subject of contraception from the city health department or a county hospital to speak to the class. Have students write questions about contraception on index cards before the speaker arrives. Give the speaker the questions prior to the presentation so the questions can be addressed adequately.

Have students research new methods of contraception currently being tested such as biodegradable hormonal implants and monthly injectable contraceptives. Each student should select one new method that interests him or her and write an in-depth research paper. Information on new methods of contraception can be found in journals such as *Family Planning Perspectives* and *Contraceptions: An International Journal*. The papers should include the following information:
- how the method works
- the advantages and disadvantages of the method
- the stage of the research in relationship to the product being marketed to the public
- where the research is being conducted
- who the researchers are
- the proposed date of completion of the research

Have each student present her or his research to the class, explaining why she or he studied that particular method.

Lead students to brainstorm and list myths about pregnancy and pregnancy prevention. Divide the class into groups and assign each group to research the origin of several of the myths listed and discuss why they were believed. Ask students to think of some myths that may be circulating when they may be grandparents.

TA 2.1

Questions Kids Ask

Interviewer ______________________ Date ______________________
Interviewee ______________________ Phone Number ______________________
Address ______________________ Age of Child ______________________

What questions has your child asked regarding sex?

What do you believe prompted these questions? (a pregnancy in the family, other children, media)

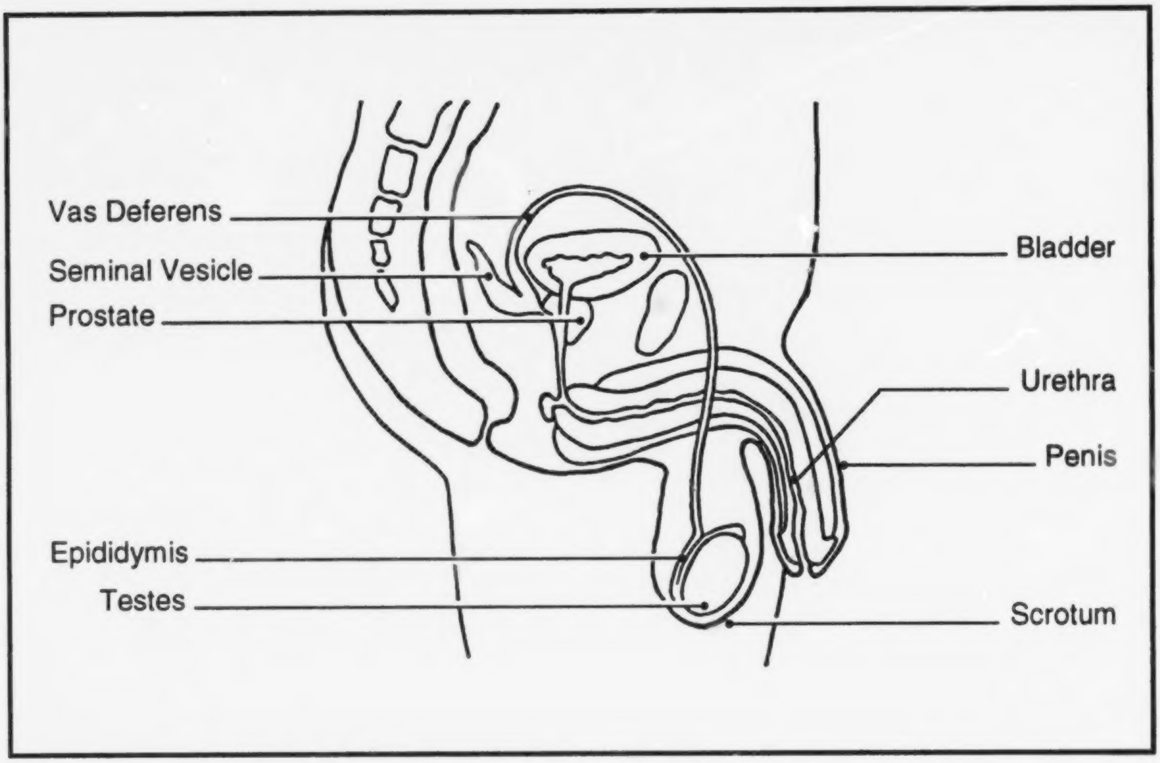
What have your responses been to your child's questions?

How do you feel about talking to your child about sex?

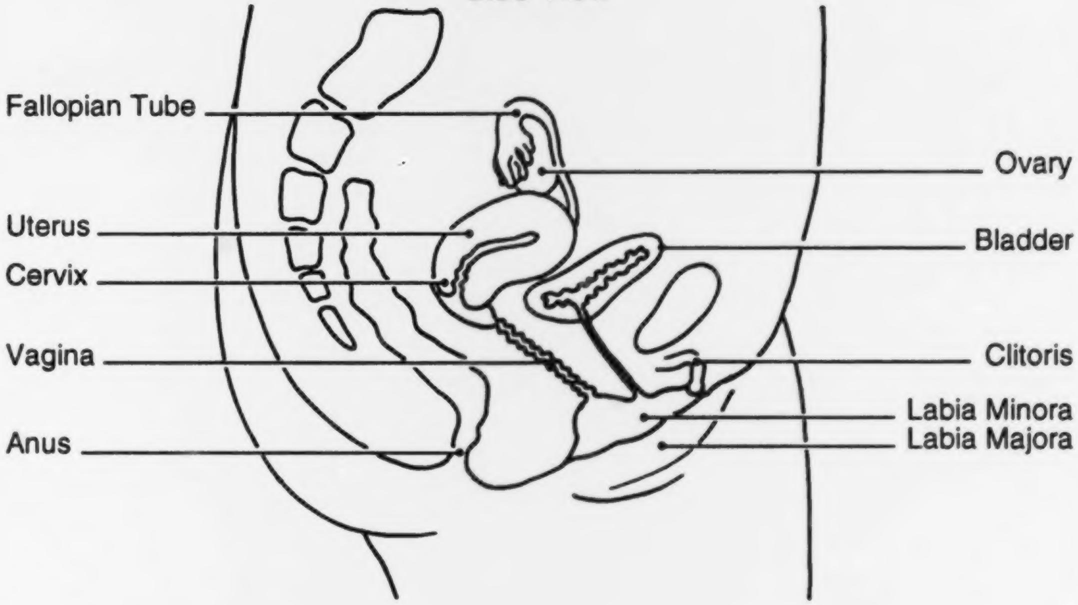
How did your parents talk to you about sex when you were a child?

Additional Comments

Male Reproductive Organs

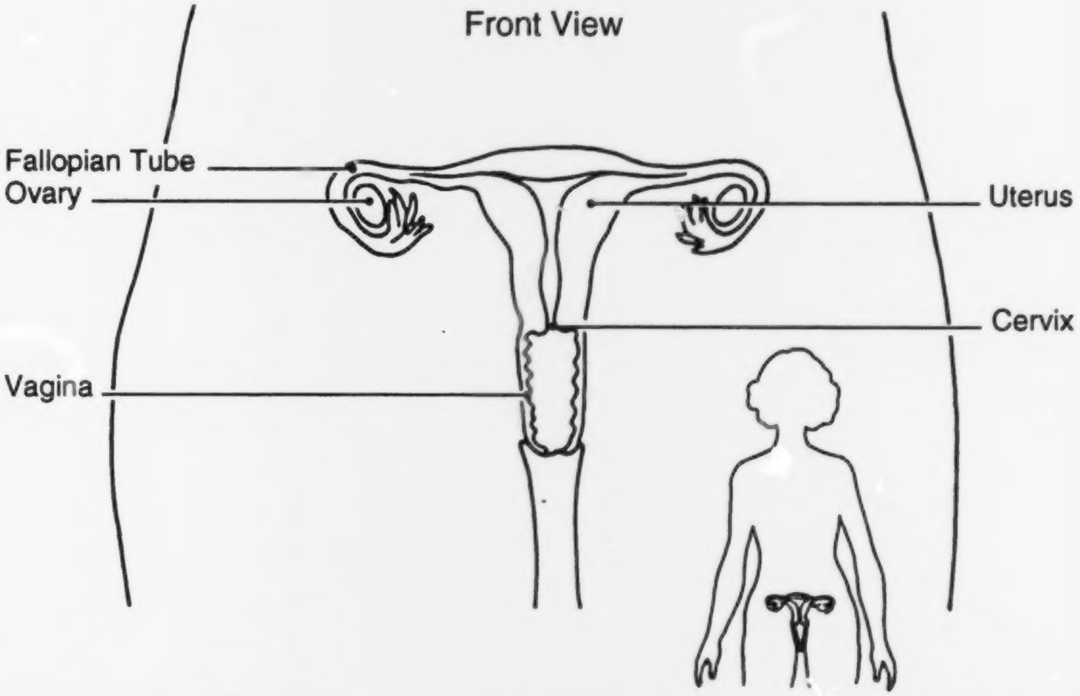

Vas Deferens
Seminal Vesicle
Prostate
Epididymis
Testes
Bladder
Urethra
Penis
Scrotum

Female Reproductive Organs



Side View

Fallopian Tube
Ovary
Uterus
Bladder
Cervix
Vagina
Clitoris
Labia Minora
Anus
Labia Majora

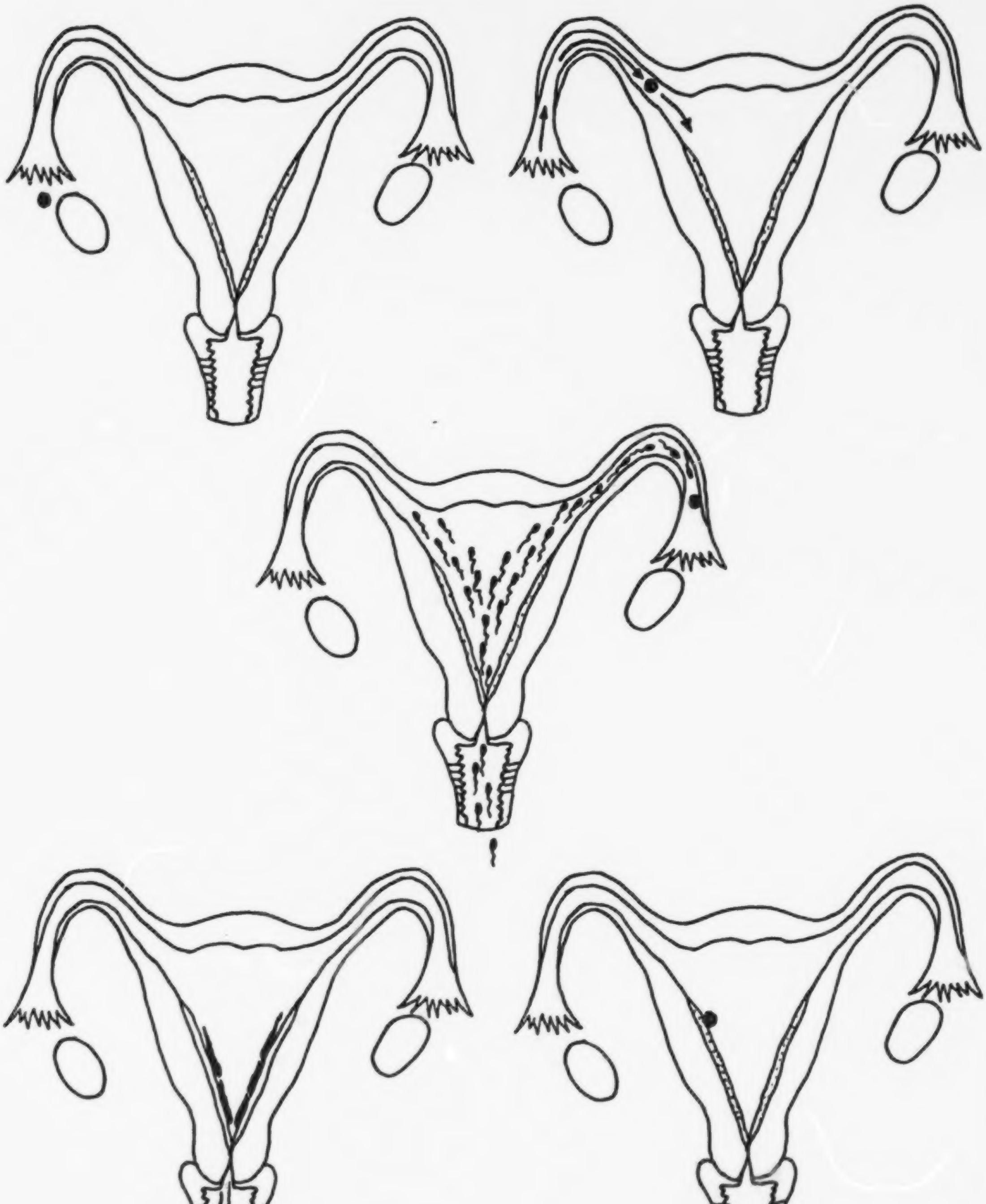


Front View

Fallopian Tube
Ovary
Uterus
Cervix
Vagina

TA 2.4

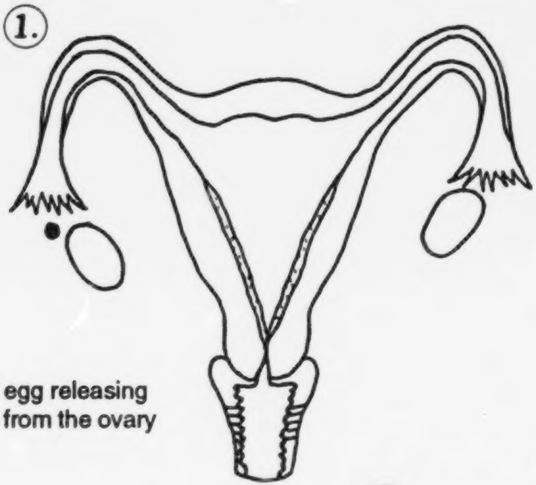
The Female Reproductive Cycle



The Female Reproductive Cycle

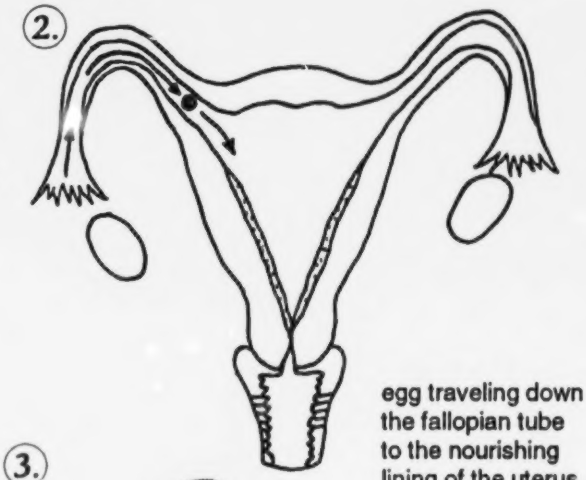
Answer Key

①



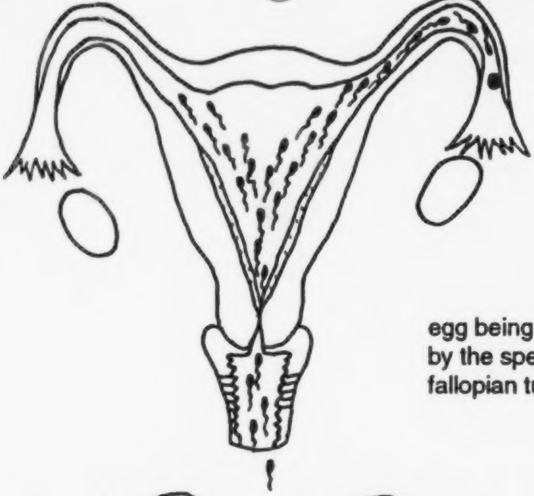
egg releasing from the ovary

②



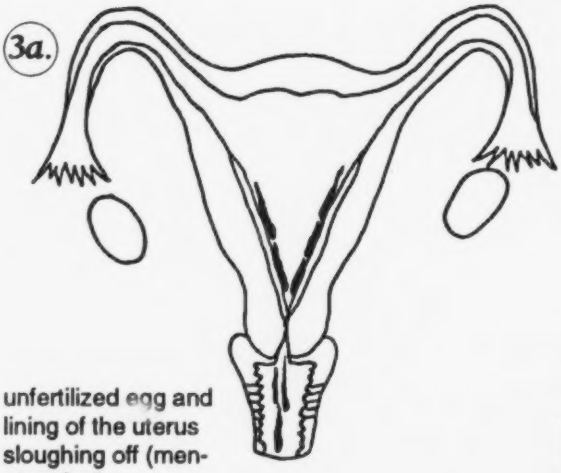
egg traveling down the fallopian tube to the nourishing lining of the uterus

③



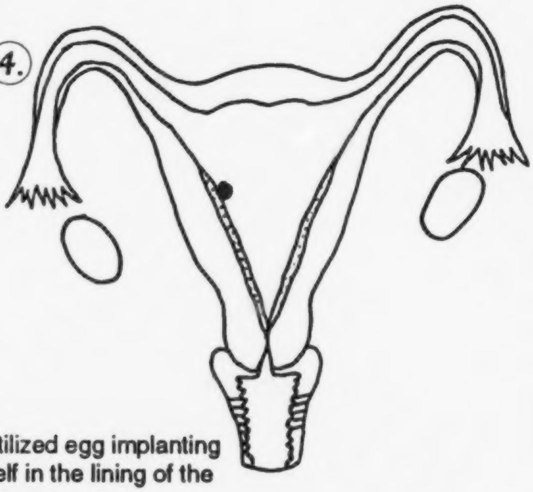
egg being fertilized by the sperm in the fallopian tube

(3a.)



unfertilized egg and lining of the uterus sloughing off (menstruation)

④



fertilized egg implanting itself in the lining of the uterus

SHOULD I HAVE SEX?

Would my parents approve
of me having sex?

What if she gets pregnant?

If I have sex will it change my life?

Is he or she pressuring me to have sex?

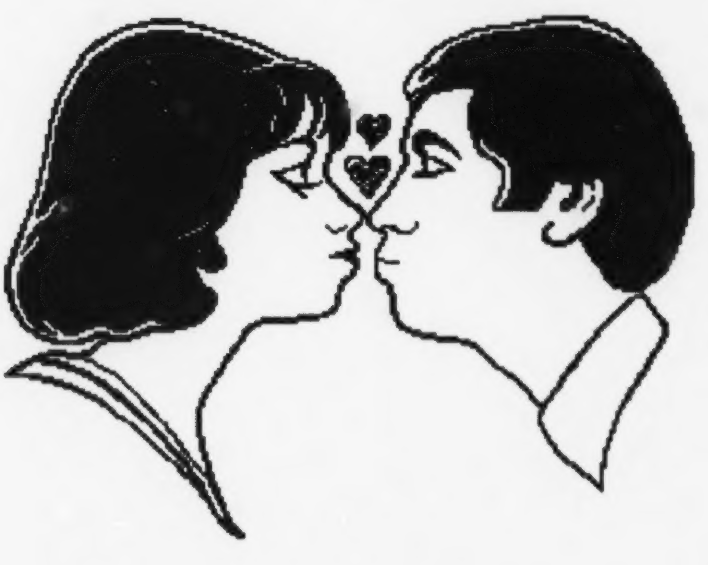
What if I get pregnant?

What if I get a sexually
transmitted disease?

What will others think of me if I have sex?

Why should he or she expect me
to have sex without commitment?

Could having sex now prohibit reaching
my personal and professional goals?



Media Diary

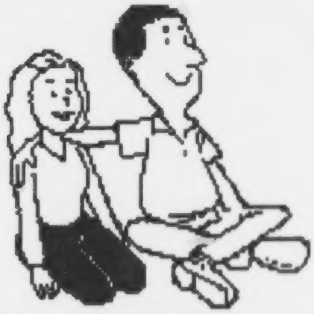
Name ______________________ **Type of Media** ______________________

Date Research Began ______________________ **Date Research Ended** ______________________

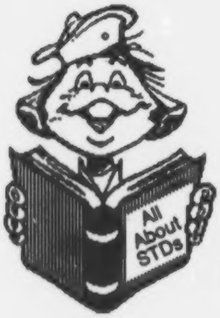
Date	Source of Presentation	Time of Presentation	Type of Sexual Behavior	Who Made the Presentation	Reaction to Presentation
2/6	MTV	Friday night after midnight	sexually explicit dancing	Madonna and several other dancers	okay for teens to view

TA 2.7

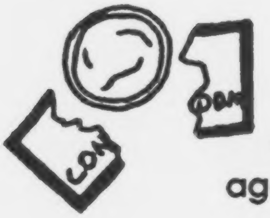
Preventing the Spread of
Sexually Transmitted Diseases



Know your partner.



Know the risks before engaging in sexual activity.

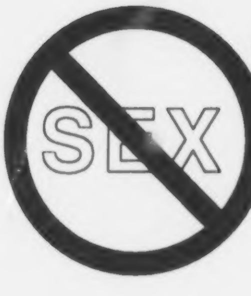


Be responsible when using protection against disease.

Keep your body clean.

RX

See a doctor if you have any symptoms.



Abstain from sex if you have any symptoms.

Tell your partner(s) that you have a sexually transmitted disease.

The Bob & Alice Story

Characters: Alice, Bob, Susie, Billy, Johnny, Felicia, Karen, Ana, and Cindy

Bob is a great guy. He makes As and Bs, is President of the senior class, and plays on the basketball and tennis teams. Bob and Alice have been dating for a year and a half and really love each other.

Alice is a great gal. She is very active in the community and school. Alice is treasurer of the student council and is on the swim team. She loves Bob and believes they will marry some day.

Both Bob and Alice have agreed to wait to have sex until they are married. This has been a difficult agreement to keep because they are physically attracted to each other. On the night of the senior prom, Bob and Alice broke their long-standing agreement and had sexual intercourse.

Alice thought that Bob was still a virgin and that it was okay to have sex because she would someday marry him. However, Alice did not know that last month after they had an argument, Bob made a date with Susie and had sex with her.

Susie is a nice girl too, and she had just broken up with her boyfriend, Johnny. Susie and Johnny had been having sex for about a year. Susie had also had sex with Billy, who was a virgin.

Johnny is a college student and comes home to visit Susie on holidays and some weekends. Johnny has made a lot of friends at college and dates many different girls. He has had sex with several of these girls including Felicia, Karen, Ana, and Cindy.

Once all of the actors are standing in front of the room, the narrator should turn to Alice and ask her if she realized that by having sex with Bob only one time, she had also had sex with a multitude of other people, putting herself at great risk of contracting a sexually transmitted disease.

Scared and Alone

Dear Sue or Sam:

I am a nineteen year old freshman in college. I have had sexual relations with several partners — too many I guess. I know I am at risk of contracting AIDS. About six months ago, I had an appointment to have the AIDS test, but I went out of town at the last minute and never rescheduled. Maybe I went out of town to avoid having the test.

I worried myself into depression and made myself sick. I lost sleep and began to avoid my friends. I guess I had convinced myself that I was better off not knowing the truth. What if I have the deadly disease? I think I would give up on life.

I am tired of being depressed and depressing everyone else, but I am afraid to reschedule the test. What should I do?

Scared and Alone

Dear Scared: ______________________________

Activity 2-1: The Reproductive Process

Directions: Unscramble the words to complete the sentences regarding reproductive anatomy and the reproductive process. Write the words in the space provided.

____________________ 1. Both semen and urine are expelled from the body through the *AETRUHR*.

____________________ 2. The *IAVANG* is the baby's passageway to the outside world.

____________________ 3. The *TOPRSETA* is a gland that produces semen.

____________________ 4. Spongy tissues and blood vessels make up the *IPESN*.

____________________ 5. The embryo and fetus develop in the *TURSEU*.

____________________ 6. The *ETSTES* produce sperm.

____________________ 7. There are two *PLFOAALNI BSEUT* that serve as pathways for eggs to travel through.

____________________ 8. The *DMYIEIPSID* is the long, coiled tube located on the testes and connecting to the vas deferens.

____________________ 9. Unfertilized eggs are stored in the *VSIOERA*.

____________________ 10. The tube that stores and carries sperm from the epididymis to the urethra is the *ASV FNEDSEER*.

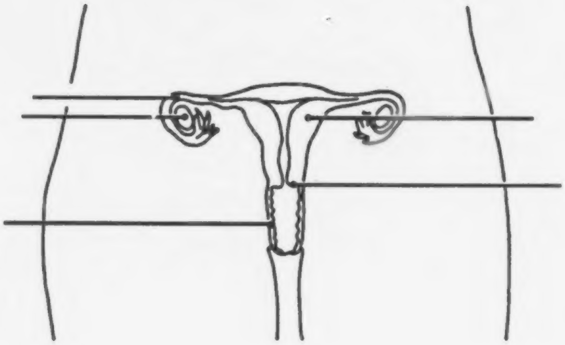
____________________ 11. The *RUTMOCS* is the sac-like structure or pouch that surrounds the testes.

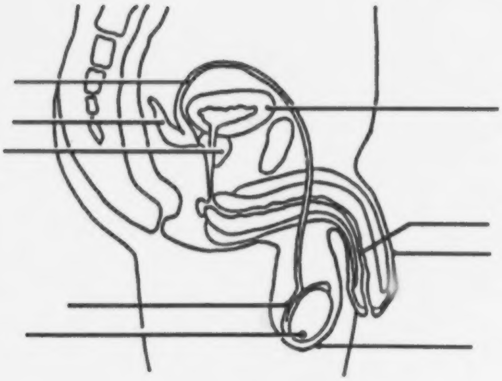
____________________ 12. Both men and women have a *DLRDBEA* that collects urine before elimination.

____________________ 13. The *NLMSIEA CVIEELS* helps produce the semen that carries the sperm out of the body.

____________________ 14. The small opening between the uterus and the vagina is the *XCIREV*.

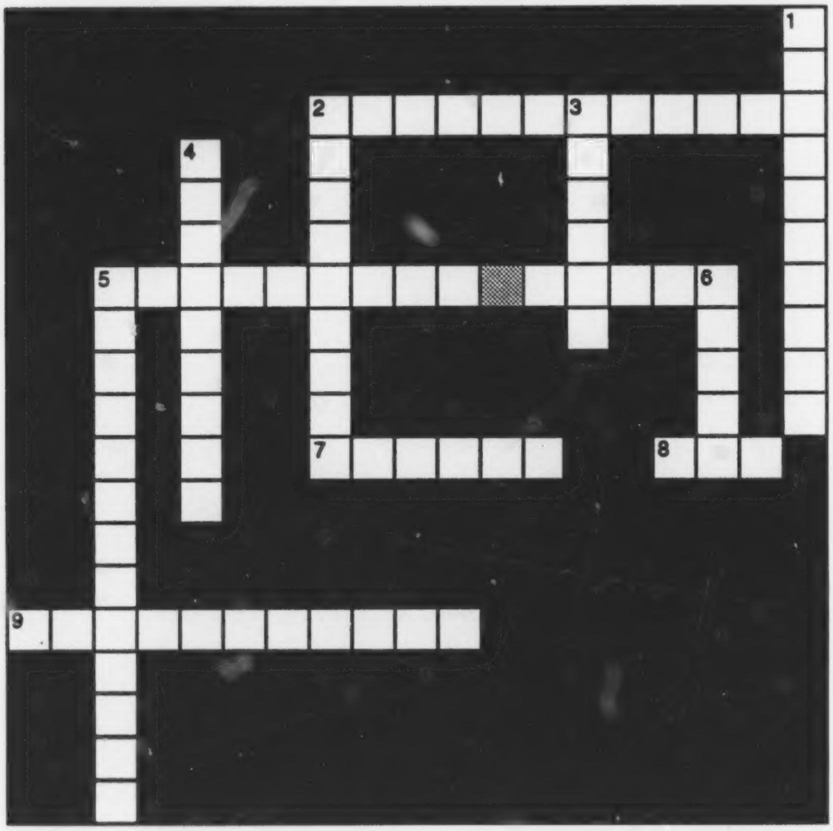
Identify the male and female reproductive organs in the pictures below by writing the correct number in each corresponding blank. Use the corresponding number from the terms unscrambled above.





Activity 2-2: *The Reproductive Process*

Directions: Complete the following crossword puzzle related to conception. Read each clue below and write the term described by the corresponding item number in the puzzle.



Across

2. the discharge of the lining of the uterus
5. where fertilization occurs
7. the mass of cells formed after fertilization
8. number of sperm needed to fertilize one egg
9. the ejection of semen from the penis

Down

1. the fertilization of an egg
2. the time when the release of eggs and menstruation stops
3. where the embryo grows into a fetus
4. the release of eggs from the ovaries
5. what results when the sperm penetrates the egg
6. the fluid that contains sperm

Activity 2-3: *The Reproductive Process*

Directions: Draw a line from each term on the left to the matching definition on the right.

1. ovulation
2. egg
3. intimacy
4. genitals
5. menopause
6. menstruation
7. puberty
8. sperm
9. ejaculation

a. the time when a female stops releasing eggs and stops menstruating

b. the state of sharing private or personal feelings with another person

c. the sloughing off of nourishing blood and tissue from the uterus

d. the reproductive cell produced by the female

e. the release of an egg from the ovaries

f. the reproductive organs of males and females

g. mature, male reproductive cells capable of fertilizing an egg

h. the release of semen from the penis

i. the process of changing from a child to an adult

Activity 2-4: *The Reproductive Process*

Directions: To better understand the importance of responsible sexual behavior, read the case study below and answer the questions that follow.

Jill is a new student in her high school. She has a daughter who is six months old and spends weekends with her father in another town. Jill's classmates know that she has a baby.

Jill has been on dates with three different guys, and they have all wanted to have sex with her on the first date because they think she is "easy" since she has already had a baby. Jill has not had sex on her dates because she does not intend to become involved in a serious relationship right now because she is too busy caring for her baby. Even though Jill did not have sex, her dates have spread rumors at school that she will have sex with anyone.

1. What can Jill do to improve her self-esteem?

2. How can Jill improve her dating situation?

3. How do you think Jill can stop the rumors being spread about her?

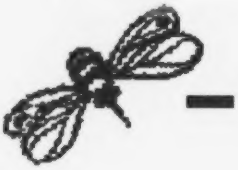
4. Do you believe Jill's reputation has been damaged? Why?

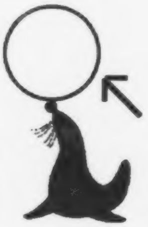
5. Is Jill making responsible decisions about her sexual behavior? Why?

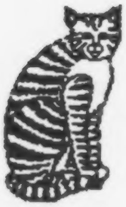
Activity 2·5 Sexually Transmitted Diseases

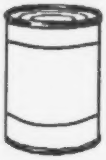
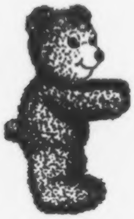
Part I

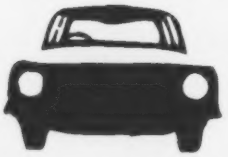
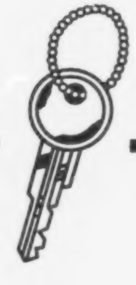
Directions: Complete the rebus scramble by writing each of the words illustrated. Add or subtract the letters as indicated to solve the puzzle.

 - e + *ing*

SEX + U +  - b + Y

a +  - A + 5 - f

  - ar

 - CA + *is* +  - E

Answer: ______ ______ ______ ______ ______ ______

Activity 2-5: Sexually Transmitted Diseases

Part II

Directions: Read the statement below and write a paragraph describing how the statement makes you feel.

"There is no such thing as safe sex."

____

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Activity 2-6: Sexually Transmitted Diseases

Directions: Complete the chart below by providing the information missing from each column. Read the clues given and identify each disease and its cause, possible symptoms, and possible treatment. An example is provided.

Sexually Transmitted Disease	Cause	Possible Symptoms	Possible Treatment
Chlamydia	*bacteria chlamydia trachomatis*	*painful urination*	*antibiotics*
		frequent urination and pus-like discharge	
	human papilloma virus		
			no known cure; fatal
type II herpes/ genital herpes			
	microorganism spirochete		
		pain in lower abdomen, backache, irregular menstrual periods	

Activity 2-7: Sexually Transmitted Diseases

Directions: Complete the following activity regarding sexually transmitted diseases. Read each statement. Write the word *True* in the box to the left if the statement is true. Write the word *False* in the box if the statement is false. In the space provided, reword each false statement to make it a true statement.

	1. The use of a condom is one of the most effective methods of preventing sexually transmitted diseases.
	2. There is no permanent cure for genital herpes.
	3. AIDS is extremely contagious and can be caught by standing close to someone who has AIDS.
	4. Syphilis is caused by the human papilloma virus.
	5. Pelvic inflammatory disease (PID) is caused by a bacteria and can occur in both males and females.
	6. Genital warts are very similar to common skin warts.
	7. The only 100 percent effective method of not contracting a sexually transmitted disease is abstinence.
	8. AIDS only can be transmitted by homosexual contact.
	9. If infected with genital herpes, one should not have sex when sores are present on the genitals.
	10. Gonorrhea can cause pelvic inflammatory disease and infertility in women and prostatitis and urethritis in men.

Activity 2-8: *Pregnancy Prevention*

Directions: Describe each of the following methods of contraception and describe the advantages and disadvantages of each.

Method of Contraception	Description	Advantages	Disadvantages
Abstinence			
Birth Control Pill			
Condom			
Diaphragm			
Depo provera			

Activity 2-8: Pregnancy Prevention (continued)

Method of Contraception	Description	Advantages	Disadvantages
IUD			
Natural Family Planning			
Norplant			
Spermicide			
Sponges			
Sterilization			

3

Parenthood and Adult Roles

Essential Elements

(3) Concepts and skills related to parenthood/adult roles.

- Investigate responsibilities of parenthood.(3A)
- Discuss commitments and decisions involved in child rearing.(3B)
- Summarize the effects of the addition of children on family members.(3D)

Teaching Strategies 55
Teaching Aids 61
Student Activities 65

Have students describe hour by hour what their day is like. Write key phrases on the chalkboard. As phrases or words are repeated, place tally marks next to the phrase. Compare the days of those students who are still pregnant with those who have toddlers. Do the same types of comparisons among the following age groups:

- infants
- toddlers
- preschool
- school-age

QUESTIONS: How does the way in which you spend your time differ during the different stages of your child's development? How do you think your time will be spent once your child becomes a teenager?

Show students Teaching Aid 3.1, Myths about Parenthood. Assign each statement to a student or group of students to discuss. Have each group come to a consensus about their statement – whether they feel it is true or not and why. Have each group select a spokesperson to present the group's opinion to the class.

Have students complete the sentence, "Being a parent is..." and then have them write a paragraph supporting their completed sentence. Have student volunteers read their paragraphs to the class. Use student responses to create a bulletin board titled "Being a parent is..."

Make two columns on the chalkboard or overhead projector. Title one column "training" and the other column "no training." Instruct students to list some of the things they have done that have required some type of formal training or authorization; then list some things that have required no special training or authorization. Ask students to list what type of training or learning experiences they have had to become parents. QUESTIONS: What type of training is important for new parents? Why?

Write the following sentence on the chalkboard or overhead projector: "Where you come from is not nearly as important as where you are going." Have students respond to the statement by writing a one-page paper. Have student volunteers share their papers with the class.

Parenting Styles

Have students refer to the section in the text on parenting styles. Divide the class into groups. Give each group a 5"x7" card labelled either Authoritarian, Permissive, or Democratic. Instruct each group to:

- describe the parenting style listed on their card
- write on the card advantages and disadvantages of practicing that style of parenting
- cite a situation when the parenting style would likely be appropriate to use with a child

Lead students to share and discuss the results of their group work.

Divide the class into small groups. Have the students write a series of disciplinary scenarios of parenting situations using authoritarian, democratic, and permissive parenting styles. Ask the students to role play some of the scenarios for the class. Discuss the positive and negative aspects of the parenting styles. Questions: In which of the situations would a combination of parenting styles be appropriate?

Divide the class into debate teams and have each team research and debate one or all of the following issues:

- All parents should be required to attend formal parenting education courses.
- Everyone who wants to have children should fill out an application and be thoroughly screened prior to becoming pregnant.
- No couple is allowed more than one child.

Responsibilities of Parenthood

Show students Teaching Aid 3.2, Responsible Parenting. Ask students to write a sentence describing each of the pictures in the collage. Once each student has all fifteen sentences written, divide the class into groups of three or four. Then have each group formulate a story from their member's sentences. Have groups read or act out their stories to the class.

Assign students to write an essay describing a person they know who they feel is a successful parent. (Have students keep this person anonymous.) Instruct students to include how the parent relates to his or her child and list the parenting skills they have noticed. QUESTION: How are your parenting skills similar to the skills of the person you are writing about?

CHILD GUIDANCE

Emphasize the many skills needed by parents related to child guidance. Display Teaching Aid 3.3, Skills Needed by Parents. After discussion and reading the text, students should compose a written advertisement for one of the guidance areas listed. Students should include skills and characteristics needed by a parent for guidance in the area selected. NOTE: Students may work in cooperative learning groups to complete this assignment. A variation is to have students write and record spot announcements for radio or television regarding skills and characteristics for parents to provide necessary guidance in these areas.

Display Teaching Aid 3.4, Direct and Indirect Methods of Guidance. Explain the differences between direct and indirect guidance. Have students develop a list of examples of direct and indirect guidance.

LEGAL AND MORAL RESPONSIBILITIES

Assign students to view advertising shown on television. Have students analyze and summarize the values expressed by each. QUESTIONS: As a parent, would you want your child to be influenced by these values? What problems might be created when a child develops a different set of values than her or his parents? What are other ways in which a child's values are shaped outside of the home? What is the relationship between values and the development of character?

Invite a representative from the Attorney General's office to speak to the class about legal responsibilities of fathers. Have the speaker differentiate between legal father and biological father. Guide students in preparing questions prior to the speaker's arrival.

HEALTH AND SAFETY RESPONSIBILITIES

Arrange to hold class in the school library. Have the librarian pull resources that deal with developing countries and health. Have students research materials on developing countries in relation to the health of families. QUESTIONS: How does the economy contribute to a healthy environment? What role does intellectual ability play in promoting a healthy environment? Do you see similar conditions in the United States?

Invite a safety or building inspector to visit with the class about structural safety. Ask the speaker to describe what inspectors look for when they examine a building or house. The speaker also should comment on what students can observe and report on house or apartment building safety.

SOCIAL AND EMOTIONAL DEVELOPMENT

Have students design a bulletin board with pictures portraying ways that families provide for social and emotional development of their members.

Divide the class into groups according to their position in the family—youngest, oldest, middle, or only child. Ask each group to discuss effects of position on social and emotional development of children. Follow with a reading assignment or short lecture on the impact of family position on children and their future achievements. QUESTIONS: What affect has your position in your family had on your development socially? Why? Has it affected your achievement potential? How? Have you felt like you are following in another sibling's footsteps? How? How does that make you feel? Have you been able to make other people see you for what you are instead of as someone else's sibling? What impact will this have on how you treat your child?

INTELLECTUAL DEVELOPMENT

Discuss the role of television in children's development. Refer to programs found on public television such as *Sesame Street*, *Mr. Rogers*, *3-2-1 Contact*, and shows on the Discovery Channel. Compare these shows to other children's shows, such as cartoons and game shows.

Lead students to brainstorm factors that influence cognitive development. Factors include inherited potential, diet, health, values, family attitudes, and opportunities for learning. Have students give examples depicting how each factor could influence development.

FINANCIAL RESPONSIBILITIES

Divide the class into small cooperative learning groups, and give each group an opportunity to list all of the items that need to be bought for one of the following stages of a child's life:

- prenatal (for example, maternity clothes, monthly medical care, delivery)
- first year of baby's life (for example, diapers, bottles, formula, baby food)
- child aged two to five (for example, bed, training pants, educational toys)

Have each group select a leader to read the list aloud. Ask the rest of the class for any additional items that should be added to the lists. Request that the groups research prices for each item on their list by checking catalogs and calling stores. Students should write the average dollar amount spent for each item and then total their figures and announce the figure to the class. QUESTIONS: Was this the amount of money you had expected to spend? Is the amount more or less? Do you think these are realistic figures? How can new parents cut costs and still provide adequately for their child?

Have a panel composed of a labor and delivery nurse, a doctor (OB-GYN), and a hospital business manager speak to the class about the following:

- Labor and delivery nurse - explain about the procedure from admission for delivery through dismissal.
- OB-GYN - share actual costs of vaginal and cesarean-section deliveries and other pertinent information
- Hospital business manager - talk about hospital costs for those who are insured and uninsured

Guide students in preparing questions prior to the panel's arrival.

Invite an insurance expert to speak to the class about the importance of insurance and how insurance can help pay for medical expenses. Explain some of the basic terms involved with insurance, such as *claim*, *benefits*, and *itemized statement* before the speaker's presentation begins. QUESTIONS: Why should you have insurance for your baby as well as for yourself? What is one of the most important aspects of having a job with good employee benefits?

Provide an opportunity for students to study references concerning the cost of medical care during the following stages of life:

- pregnancy
- postnatal and infancy
- toddler
- preschool
- school-age
- teenage

Students also should discuss these expenses with new parents and parents of older children. If students find it difficult to find new parents to discuss this topic with, it may be necessary to invite some new parents to speak to the class. Students should note the reactions of these parents along with actual costs of medical care. QUESTIONS: Is a cesarean birth more expensive than a vaginal birth? Why? What are some of the hidden costs of having a baby? a toddler? a preschooler? a school-age child? a teenager?

Ask students to bring examples of advertisements for mail-order health insurance, cancer insurance, and life insurance to class. Allow students to show their examples to the class and explain the concerns and possible limitations of such policies. Have students examine the advertisements to identify possible loopholes, exclusions, and payment limits. QUESTIONS: What types of problems may policy holders encounter with these policies? How is the advertising planned to appeal to consumers?

Invite a resource person to class to speak about Medicaid and Medicare benefits. Guide students in preparing questions prior to the speaker's arrival. QUESTIONS: How does the financial support of Medicaid and Medicare differ? Do Medicare recipients need other insurance coverage? Why? Why is Medicaid not really an insurance program? How does one apply for coverage under each program? What problems are the Medicaid and Medicare programs facing?

Have students research the problems of the homeless both as a global issue and a local issue. Ask students to consider the homeless from the standpoint of the government and from their own personal opinion. Instruct students to write a report on the importance of having a home and the effects homelessness has on children and adults. QUESTIONS: Why do some countries have a larger number of homeless people than other countries? What groups are working with the government to reduce the number of homeless? What solutions do you have to reduce the numbers of homeless persons in your community? your country?

Commitments and Decisions

Lead students to brainstorm and list some of the major and minor decisions they already have made regarding becoming a parent and parenting. Then have students list some of the future decisions that will be made with regard to parenting. Select several of these decisions and have students role play the situation described and the decision-making process involved.

Write the term *commitment* on the board vertically and ask students to think of commitments they have made in their lives. Have them write an example of a commitment on the board using a common initial letter in both their word or phrase and the letters in the term *commitment.*

Divide the class into cooperative learning groups. Provide each group with the statement, "Parenting must be a priority in your life." Have them discuss why this statement is important. Ask the students to explain situations when they were faced with setting priorities as a parent.

Addition of Children to the Family

Initiate a class discussion about adjustments a mother, father, grandparent, aunt, uncle, and sibling must make when a new baby is added to a family. Ask students to identify needs of a new infant that require adjustments in family routines and result in additional tasks for family members. List examples of changes that may occur in roles and schedules of family members with the addition of a new child. QUESTIONS: How do family routines change as a child is added to a family? What new skills may be needed by family members? How does having additional family members affect other aspects of the family's lifestyle? (Consider resources such as time, energy, and money.) How can the family manage such adjustments with a minimum amount of stress and difficulty?

Lead the class to brainstorm different situations which a person might experience when bringing his or her new baby home to a house full of family. Select several experiences and have students role play those experiences for the class.

Have students invite guests to participate in a panel discussion about adjustments necessitated by adding family members. Panel members might include a new parent, someone whose aging parent has joined the family, a foster parent, a parent whose grown child has moved back into the home, and a grandparent who has a child and grandchild living at home. Students should introduce the guest they invited and one student may moderate the discussion by using the following questions:

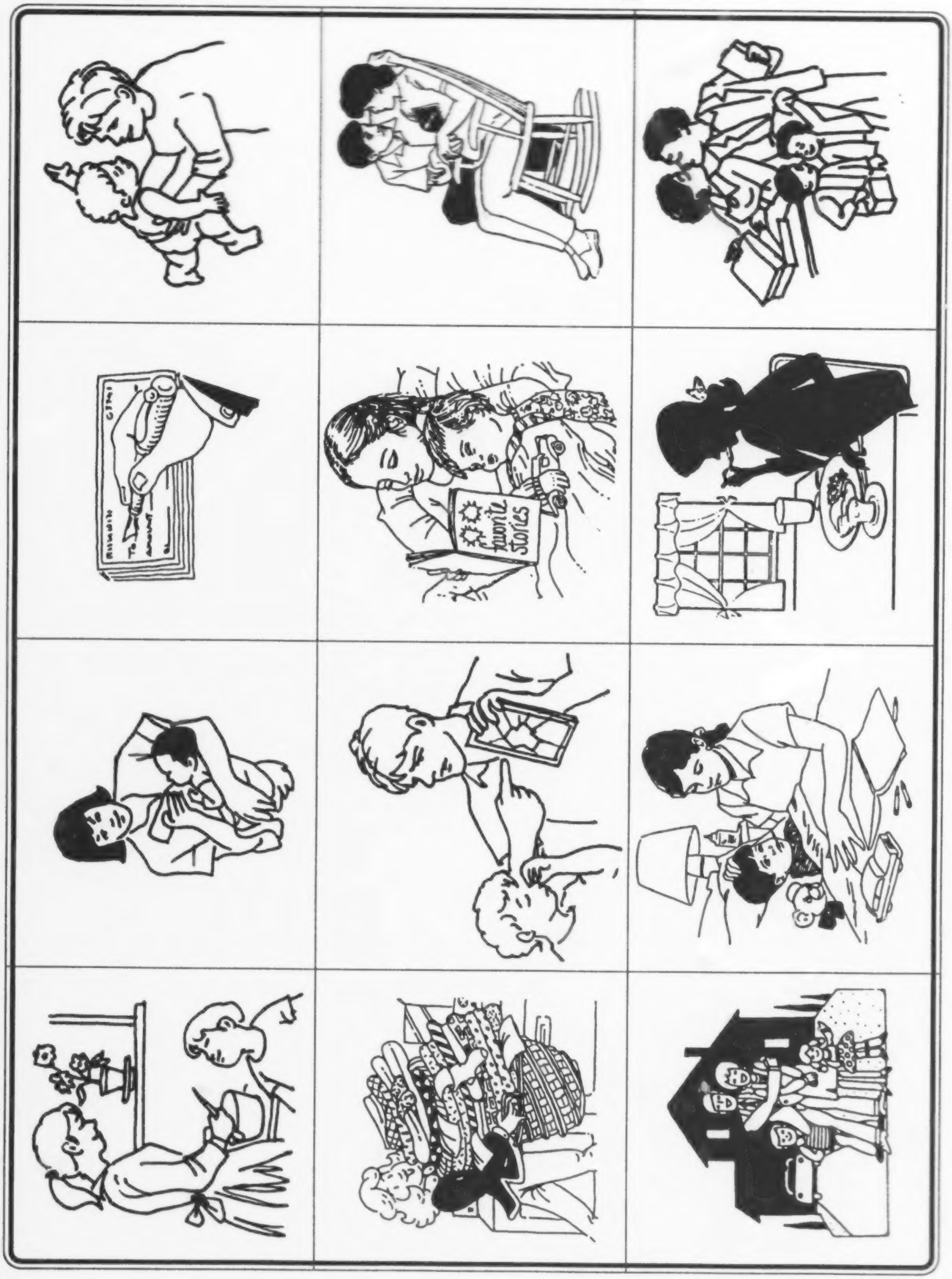
- How did housing needs change?
- How did the change affect family finances?
- What emotions did family members experience?
- What problems did family members encounter?
- What rewards did family members receive?

Myths About Parenthood

- Your baby will fulfill your life.
- Your child will love you unconditionally.
- All babies are cute.
- Your child will be there for you when you are elderly.
- If you are a good parent, you will have a good child.
- All of your friends are becoming parents, so you should too.

TA 3.1

Responsible Parenting


favorite stories

TA 3.3

Skills Needed by Parents

- teaching children what actions are acceptable and what actions are not
- teaching children how to interact with others
- promoting children's healthy attitudes about self
- establishing positive self-concept and high self-esteem
- ensuring children's safety
- encouraging self-discipline
- teaching self-control

TA 3.4

Direct and Indirect Methods of Guidance

Direct Methods of Guidance

- Talk to your child at eye level and use simple, positive directions.
- Prevent your child from hurting himself or herself or others.
- Assist your child in dealing with conflicts with others.
- Give your child a choice whenever possible.
- Touch, guide, or lead your child by the hand for further direction.
- Praise your child with positive feedback.

Indirect Methods of Guidance

- Provide an environment with appropriate activities to promote interest and cooperation.
- Encourage independence by arranging accessible activities and equipment.
- Arrange space for cues regarding appropriate behavior.
- Schedule activities according to the needs of your child.

Activity 3-1: *Responsibilities of Parenthood*

Directions: Answer the following questions about your parents and some of the decisions they made about parenting. If you are not sure about the answers, ask your parents.

1. Where did your parents meet?

2. How old were your parents when they had you?

4. What types of jobs or careers did your parents have when you were born?

5. Were you born naturally or by cesarean?

6. Were you breast-fed or bottle-fed?

7. What types of things did your mother worry about when you were a baby?

8. What types of things did your father worry about when you were a baby?

9. What temperament did you have as a baby?

10. What is your mother's fondest memory of your infancy?

11. What is your father's fondest memory of your infancy?

12. Do either of them think you are very much like they were when they were your age?

Activity 3-2: Responsibilities of Parenthood

Directions: The responsibilities of parenting are endless. Think of a word or term that relates to the responsibilities of parenting that correspond to each letter in the word *Responsibility*. Write the words next to the appropriate letter below.

R

E

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P

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I

B

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L

I

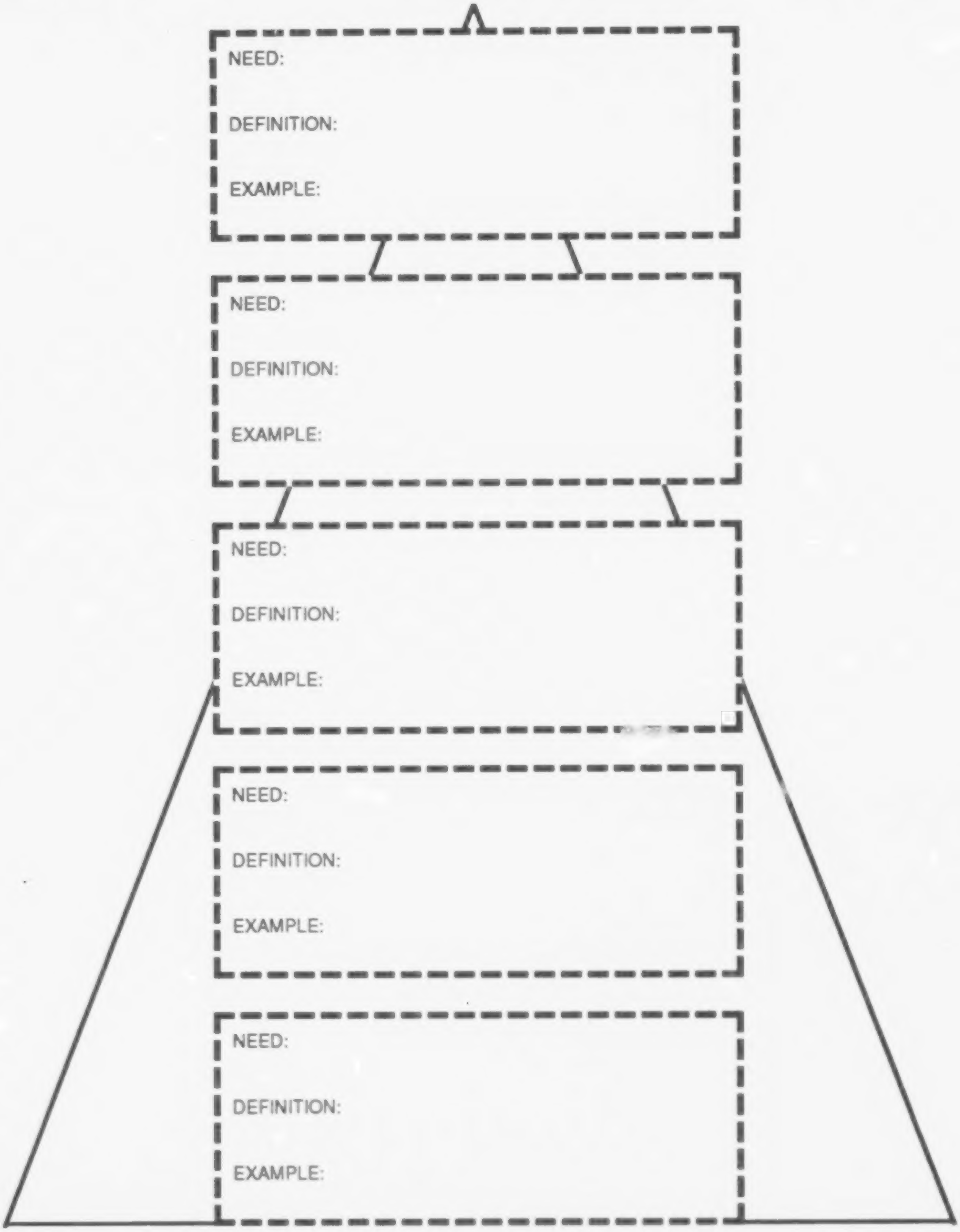
T

Y

What do you think is, or will be, your most important responsibility of being a parent? Why?

Activity 3-3: Responsiblities of Parenthood

Directions: Complete the pyramid below using Maslow's theory of human needs. Name the five basic needs, define each, and give one example of each need. Place the lower needs in the lowest box and the highest needs at the top.



NEED:

DEFINITION:

EXAMPLE:

NEED:

DEFINITION:

EXAMPLE:

NEED:

DEFINITION:

EXAMPLE:

NEED:

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EXAMPLE:

NEED:

DEFINITION:

EXAMPLE:

Activity 3-4: *Responsibilities of Parenthood*

Directions: Step up to understanding the responsibilities of parenthood by answering the items on the staircase below. Begin with the bottom step. Write your answer to each question in the space provided below the staircase.

5. Why do children need affection?

4. For what reasons does your child need guidance?

3. What moral responsibility do you have in rearing your child?

2. What are two examples of legal responsibilities you have as a parent?

1. What are five financial responsibilities you have, or will have, in rearing your child?

Answers:

1. ____

____

2. ____

____

3. ____

____

4. ____

____

5. ____

____

Activity 3-5 *Commitments and Decisions*

Directions: Give your opinion on commitments and decisions related to parenthood and adult roles by answering the following questions.

1. What is a commitment?

2. Should parenting be a priority in your life right now? Why?

3. Is it important to provide your child with health and life insurance? Why?

4. Should your decision to have a child be considered a life-long decision? Why?

5. Is it important to have family and friends nearby for support? Why?

6. What is the most important commitment you have ever made? Was it a difficult decision? Why?

Activity 3-6: *Addition of Children to the Family*

Directions: Write a poem, editorial, or letter to a friend that describes how your family members reacted, or how you think they will react, to the addition of your child to the family.

4

Communication and Resolution

Essential Element

(3) Concepts and skills related to parenthood/adult roles.

➪ Demonstrate communication and conflict resolution skills.(3C)

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Communication Skills

Have students sit in a circle and play the game of gossip. One student should start by whispering a statement to the person next to her or him. After each person has heard the statement, have the last person say the statement out loud. Compare the finished statement with the original statement to see how well the group communicated. Do this exercise several times with increasingly difficult statements. Ask students to analyze in a brief essay why it is so important to speak clearly and slowly to ensure accurate, clear communication.

On index cards, write situations in which parents are experiencing difficulties concerning communication with their child. Place the cards in a basket. Examples are given on Teaching Aid 4.1, How Would You Communicate If...? Have each student draw a card and write on the back of the card how they would react, as a parent, to the situation. After students have placed the cards back into the basket, have students draw and take turns reading situations and responses. Ask students to discuss and evaluate each response and give additional suggestions. Help students evaluate the responses as they relate to a child's needs. QUESTIONS: What are some reasons parents respond to the same situation differently? Why are good communication skills necessary when dealing with your child?

TYPES OF COMMUNICATION

Have students play a game of charades using different methods of communication, such as reading, writing, listening, or speaking. Students who are performing the charade should whisper what is to be acted out to the teacher. Other students should guess what is trying to be communicated and if the communication involves reading, writing, listening, or speaking. The student who guesses the communication correctly is asked to perform the next charade.

Show students Teaching Aid 4.2, Communication Today. Ask students to describe the type of communication that is taking place in each picture, and have them tell whether it is a picture of verbal or nonverbal communication. Have students think of a picture in their minds and describe the communication that is occurring on a piece of paper. QUESTIONS: How can you determine the type of communication that is occurring from a picture on a piece of paper? by watching other people from a distance without hearing what is said? by watching people who speak a language other than what you speak?

Using resource materials, have each student write a paper on the way family members communicate affection or criticism. Students should include information on how these communication methods make other family members feel. QUESTIONS: How can family members know that other family members love them? How can children know and feel their parents really love them? How can parents show children they care without actually saying "I love you"? How important is it for family members to say "I love you" to each other? How can a family member constructively criticize another member while communicating love and affection?

Divide the class into groups and have students list five reasons family members should communicate effectively and five reasons that misunderstanding occurs between family members. Have a reporter from each group report on the group's opinions during a class discussion. QUESTIONS: Why is effective family communication important? How do misunderstandings occur in families due to poor communication? Why is effective parent/child communication important? How can communication contribute to family closeness?

Show students an audiovisual on listening techniques. When the audiovisual is over, ask the students to rank themselves on a scale of one to ten on their listening skills. QUESTIONS: How can listening skills be improved? Why are some individuals better listeners than others? What is the relationship between listening skills and successful relationships?

Show students Teaching Aid 4.3, A Good Listener Will.... Divide the class into small cooperative learning groups to practice listening skills. Ask groups to select a speaker, a listener, and observers. Each speaker should explain a brief selected passage from a story to the listener. The listener should repeat the explanation back to the speaker; if the speaker does not think the explanation is accurate, the speaker and listener should interact until the listener understands the explanation to the satisfaction of the speaker. The observers should evaluate the listening skills of the listener by taking notes based on the skills listed on Teaching Aid 4.3. When the evaluations are complete, ask the observers to share their notes with the listener and give the listener constructive criticism and positive feedback about the listening skills used. Rotate students in the group so that everyone gets to practice different roles. You might vary the activity by having one person in each group portray a bad listener by interrupting the speaker, looking out the window, or fidgeting.

Ask students to interview a person whose native tongue is something other than the language they use most often. Students may ask the following types of questions in their interview: Do people treat you differently because you speak with a foreign accent? When did you learn how to speak English? How difficult was it for you to learn English? Ask students to return to class and give a brief oral presentation on their interview. NOTE: It might be interesting to have students ask their interviewee to teach them how to say something in the foreign language and then use that in their presentation. QUESTIONS: Why is learning to speak a foreign language more difficult for some people than for others? Are some foreign accents more difficult for you to understand than others? Why?

Invite a group of preschoolers to the classroom for story time. Ask several volunteers to read different stories to the preschoolers. A hand puppet could be added to this activity. Have the rest of the class take notes interpreting the children's reactions and their listening skills. QUESTIONS: Why is it important to read to children? How does reading to children improve their communication skills?

Have students write response letters for the following situations:

- Lilani is unhappy with the condition of her apartment. After numerous requests to the owner, the repairs have not been made.
- Marcos spent Thanksgiving vacation with his new friend Juan. Juan's parents were very hospitable, and Marcos enjoyed a pleasant holiday.
- Jerry is unhappy at his job and wants to resign.
- Madelaine is releasing her child for adoption but wants her child to know how much she loves him.

Ask students to share their letters with the rest of the class. Post the letters on the bulletin board to increase awareness of the importance of good writing skills.

Collect magazine and newspaper pictures or cartoons that illustrate body language, and show selected examples to students. Choose illustrations that include crossed arms, hands on hips, a finger being shaken at another person, a frown on a face, a person running away, and clenched fists. Divide the class into groups of four and have each group create captions that express the messages group members believe are conveyed by the pictures and cartoons. Have student volunteers create a bulletin board on nonverbal communication using the captioned pictures and cartoons.

Ask students to record the type of feedback they might expect from the following communication scenarios:

- yelling at a dog to stop chasing a cat
- singing softly to an upset toddler who has fallen and scraped her knee
- screaming at the top of your lungs to the driver who just cut in front of you
- cooing to your infant as you change his diaper
- speaking calmly and quietly to an upset customer
- yelling at the referees while watching a football game on television

Ask students what their responses are and if they feel that the feedback they get with these responses is adequate. Lead a class discussion on the importance of feedback. QUESTIONS: When is feedback most positive? negative? Why?

LEVELS OF COMMUNICATION

Divide the class into five groups. Assign each group one of the five levels of communication to role play. Display Teaching Aid 4.4, Levels of Communication, to assist in the explanation of each level. Have each group perform its role play for the class. QUESTIONS: What are the five levels of communication? Which level of communication is found most often in a school setting? at home communicating with parents? at home communicating with your child? at home communicating with friends? What is the relationship between self-disclosure and level one?

Communication Breakdown

Instruct students to think of an instance within the past twenty-four hours in which communication has failed between themselves and another person. Ask volunteers to share their experiences with the class. The class should make suggestions on how to keep communication from breaking down again in similar circumstances. QUESTIONS: When communication breaks down between you and your boy/girlfriend, parents, or spouse, who is responsible for correcting the situation and opening communication again? between you and your child? How does a breakdown in communication affect a healthy relationship? an unhealthy relationship? Why?

REASONS FOR COMMUNICATION FAILURE

Lead a class discussion about the differences in people's perceptions and how perception is affected by a variety of factors. Write a few words on the chalkboard or overhead projector, and have each student write one definition for each word. Words could include the following:

- bad
- gross
- suit
- main
- lose
- neat

Instruct students to share their definitions with the class. Have a volunteer look up the words in the dictionary and read the various definitions. QUESTIONS: Why are there different meanings for words? How do perceptions influence communication?

Have a student volunteer give oral instructions on how to construct a simple design or line drawing. Do not allow students to ask questions during the instructions, and do not allow the volunteer to repeat instructions. Ask students to share their drawings with the class. Lead a class discussion about the ways verbal communication can be improved. QUESTIONS: Why are verbal communication skills important? How can verbal communication skills be improved? What is the relationship between good verbal communication skills and success in a relationship?

Lead a class discussion about how communication can fail. Divide the class into groups and have each group conduct research on failures in communication. Have students relate failed communication by giving relevant examples. One suggestion for a mixed message might include writing the dialogue for an adolescent refusing to participate in sexual activity or drug-related activity. Topics for students to investigate include the following:

- content and relationship levels
- a person's perception
- self-disclosure
- differences of opinion
- mixed messages
- physical disabilities
- shyness
- tuning out

Instruct students to summarize the research in a two-page paper. Encourage students to include examples in the paper. Share a few of the papers with the class. Evaluate this activity for content, writing style, clarity, and ability to apply knowledge to creating examples. QUESTIONS: How can communication fail? What steps can be taken to prevent failure in communication?

Resolving Conflict

Conduct a brainstorming session with students reacting to the statement: "Conflict is...." After the brainstorming session, lead a class discussion and decide on a class definition of the term *conflict*. QUESTIONS: What were the sources of the conflicts named? Examples include relationships with parents, siblings, friends, grades, expectations of parents and other adults, and money.

Have students read resource materials to explore the different methods of resolving conflicts in life, children, marriage, and family relationships. Examples of methods include compromise, giving in, tabling differences, quarreling, and family conferences. Lead a class discussion on the different methods of resolving conflicts. QUESTIONS: What are the consequences of using each method of conflict resolution? Of the methods identified, which methods would likely bring the most positive results? negative results? Why?

Assign a basic reading on conflict in relationships. The assigned reading should address common problems that are sources of conflict for teens and teen parents, constructive aspects as well as destructive aspects of conflict, and ways of solving conflicts. QUESTIONS: What are common causes of conflict in relationships? Can conflicts have constructive as well as destructive results? How? How can conflict have destructive results when handled incorrectly?

Show students excerpts from popular television shows depicting conflict and how the conflict is resolved. Examples might include *Roseann, Blossom*, and *Home Improvement*. Have students list all of the different conflicts that are viewed and analyze the way each conflict was resolved or handled.

Instruct students to write a short essay describing a recent conflict they experienced or an experience they have heard about. Ask students to include an analysis of the conflict by answering the following questions: What started the conflict? What was the result of the conflict? How would the conflict affect the future relationship of the persons involved? Was an amiable solution to the conflict found? Why?

I-MESSAGES AND YOU-MESSAGES

Divide the class into two groups have one group write *you-messages* relating to parenting and relationships. Give this half of the class brightly colored paper to write their messages. As each *you-message* is written, have the other half of the class rephrase the message into an *I-message*. Once several messages have been written, have students from each group act out some of the messages in both types of communication.

COMPROMISE

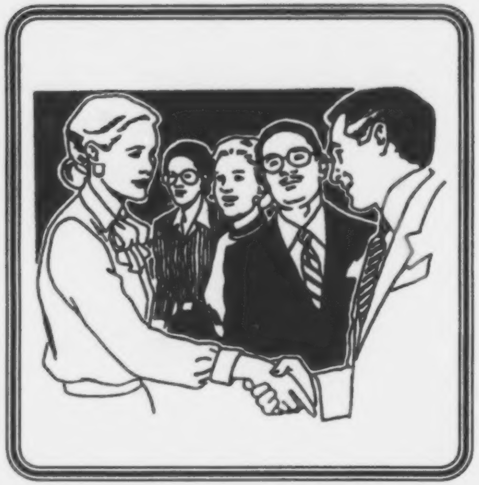
Have students read references to define the term *compromise*. Have students write down what they last compromised on and with whom. QUESTIONS: How did compromising affect your relationship with the person or persons you compromised with? If a compromise had not been reached, how do you think the situation would be now?

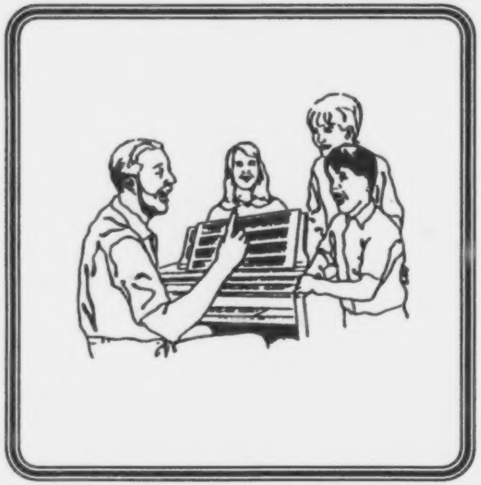
Define for students the word *compromise*. Show Teaching Aid 4.5, Ways to Solve Disagreements. Lead a class discussion on compromising effectively and ineffectively. Contrast compromise with accommodation, concession, martyrdom, and hostility as solutions to disagreements. QUESTIONS: What are the distinguishing characteristics of compromise?

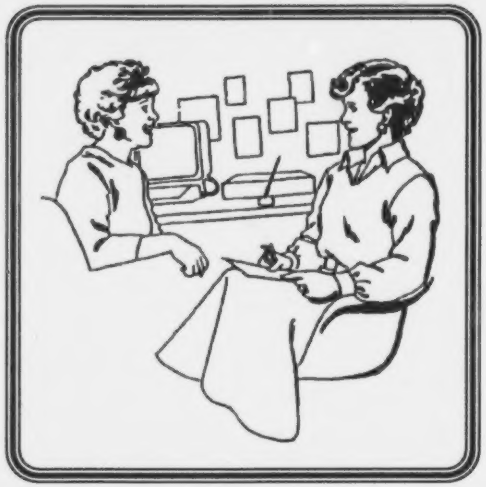
How Would *You* Communicate If...

- your three-year-old daughter brought home a picture from nursery school, and you cannot tell what it is?
- your two-year-old son is being sent to a child care facility for the first time and doesn't want to go?
- your three-year-old son is pulling the cat's tail?
- your three-year-old son has been toilet-trained for a year and suddenly has started wetting his clothes again?
- your two-year-old throws a temper tantrum in the grocery store when you won't buy him a candy?
- your first-grade son refuses to learn how to tie his shoe laces?
- your eighteen-month-old daughter cries off and on during the day?
- your two-year-old gets out of bed and wakes you up every night?

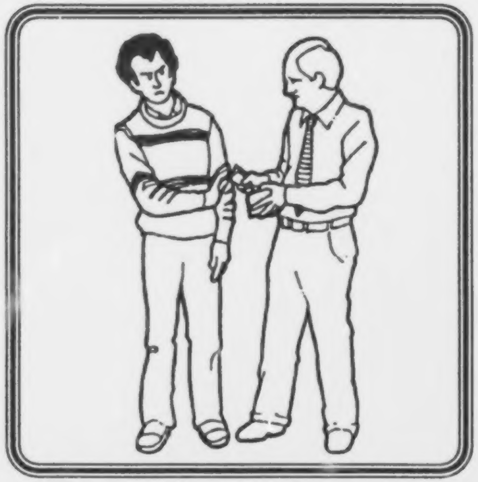
- your seven-year-old son took a toy from a store without paying for it?
- your nine-year-old daughter has been getting into fights with a neighbor boy?
- your six-year-old says negative things about herself daily?
- your family dog died, and your six-year-old is very upset?
- your eight-year-old daughter has been hiding her school papers?
- your five-year-old son frequently comes home from kindergarten in an angry mood?

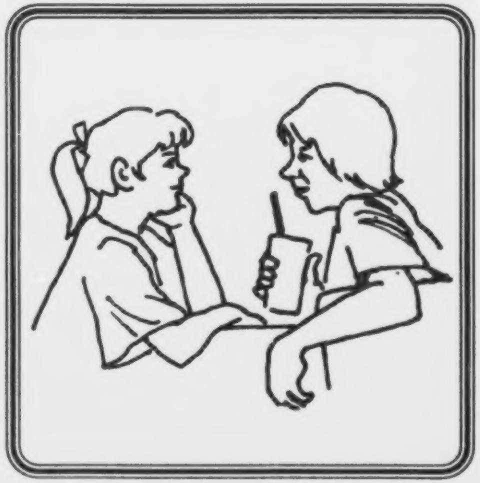


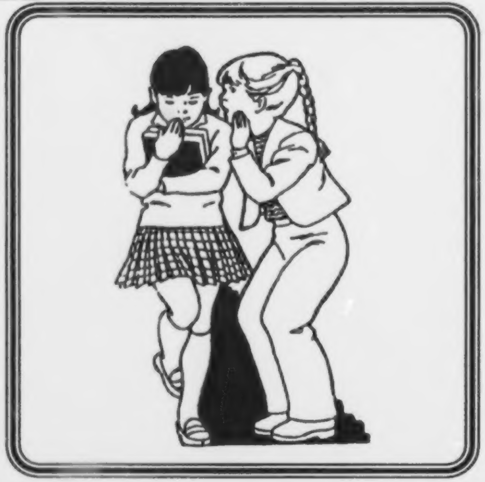




Communication Today







A Good Listener Will...

- *Concentrate on what is being said.*
- *Ignore distractions.*
- *Establish eye contact with the speaker.*

- *Allow the speaker to complete his or her thought without interruptions.*
- *Ask the speaker to explain in more detail what he or she is saying.*
- *Listen to the entire message rather than selected parts.*
- *Keep an open mind to new ideas.*
- *Note feelings that are not verbally expressed by the speaker such as happiness, sadness, anger, or frustration.*

TA 4.4

Levels of Communication

Level 1

Deepest thoughts and feelings are revealed. Reactions and emotions are shared by the speaker and listener.

Level 2

An honest sharing of feelings and emotions occurs at this level.

Level 3

Some ideas are shared. The speaker watches for acceptance or rejection of ideas before continuing conversation.

Level 4

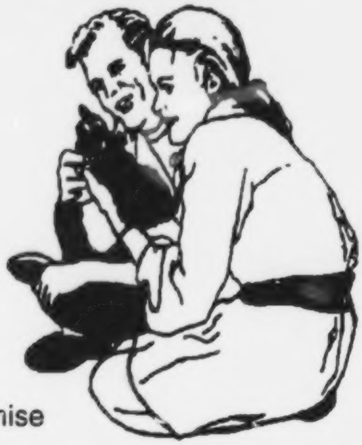
No opinions or feelings are expressed in this level. Events or facts are reported.

Level 5

There is no sharing of emotion in this level, and conversation is often based on common expressions. This is the most shallow level of communication.

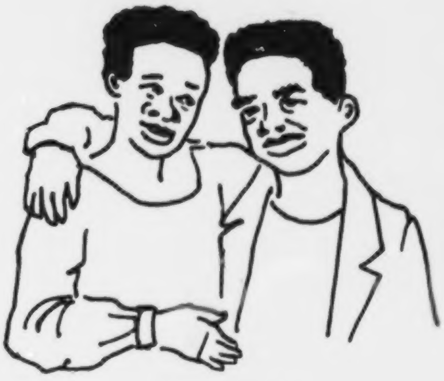
Ways to Solve Disagreements

Joint decision



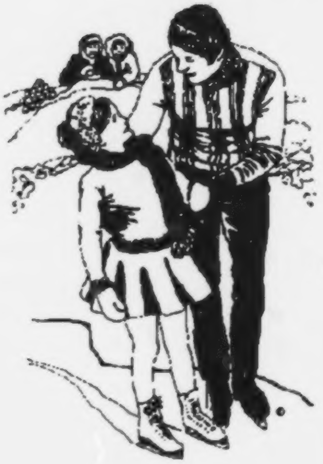
Compromise

My own view



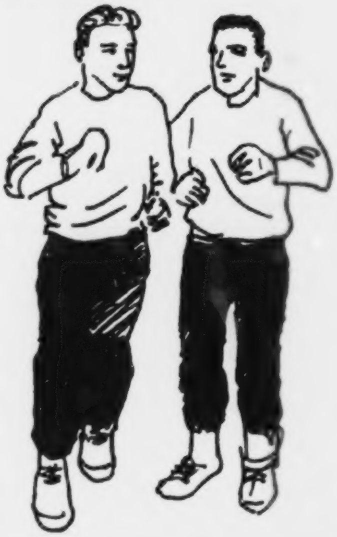
Accomodation

I'll give in this time



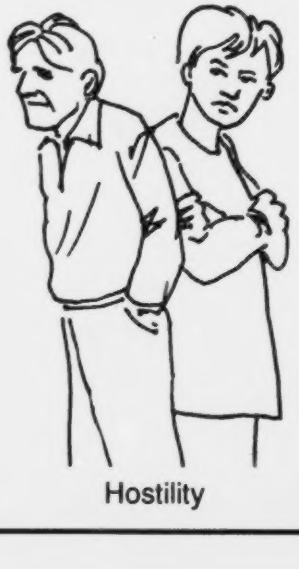
Concession

I always give in



Martyrdom

Neither will give in



Hostility

Activity 4-1: Communication Skills

Directions: Complete each of the following sentences regarding your attitude about your communication skills.

1. *I communicate best with* ______________________ *because he/she*

2. *I do not communicate well with* ______________________ *because he/she*

3. *I communicate with my child by* ______________________

4. *When I am angry with my child, I express my anger by* ______________________

5. *Communicating with my parent(s) can be difficult when* ______________________

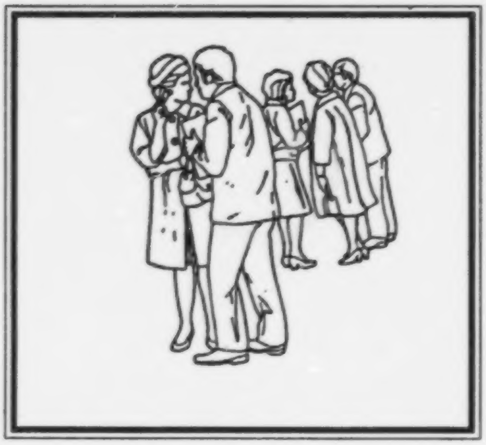
6. *Overall, I feel that my communication skills are* ______________________

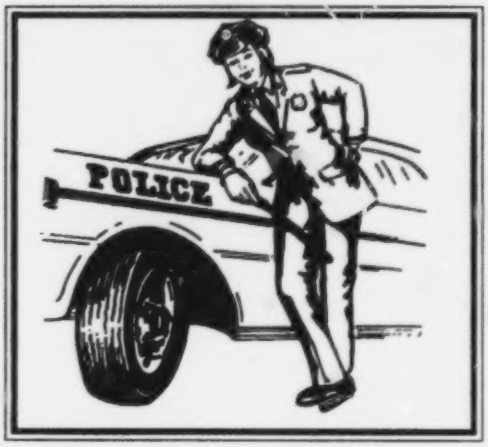
7. *I think I can improve my communication skills by* ______________________

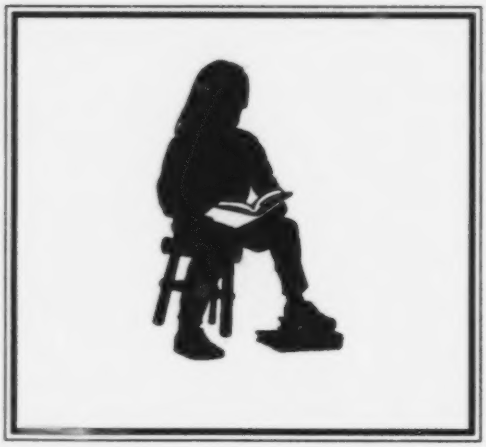
Activity 4-2: Communication Skills

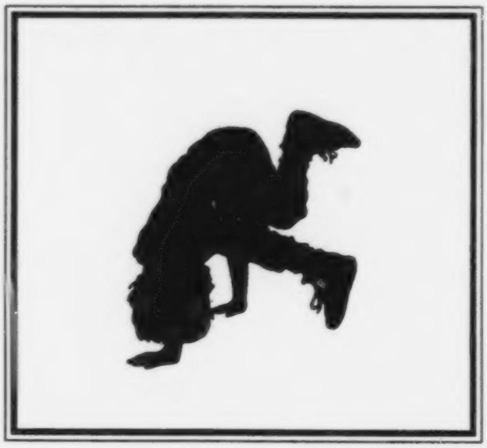
Directions: Describe the *body language* depicted in each of the following pictures in the space provided below the picture.

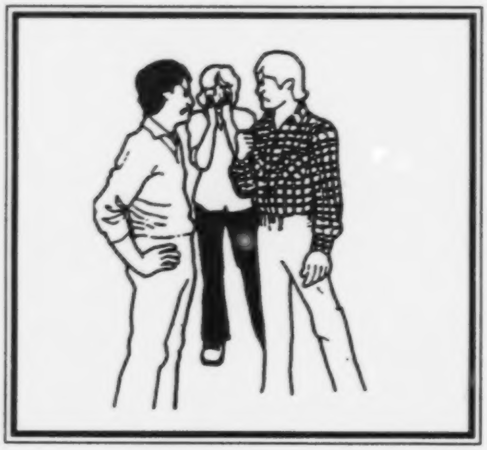
Body Language

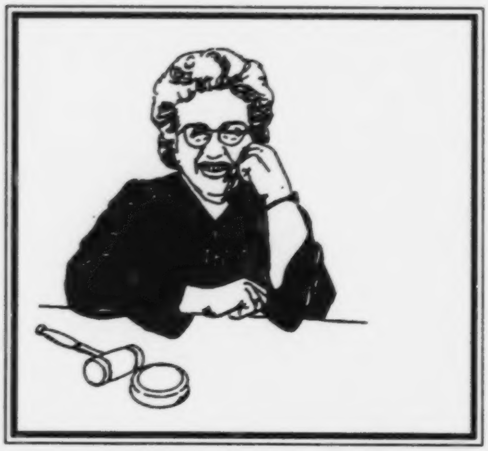












Activity 4-3: Communication Breakdown

Part I
Directions: Write a paragraph that describes how you feel about communicating with your parents.

Part II: Identify five ways your communication might fail. Explain.

1.

2.

3.

4.

5.

Activity 4-4: *Resolving Conflict*

Directions: Write a short essay describing the effect good communication skills have on resolving conflicts. Use examples from recent conflicts that you have experienced to support your essay.

5

Family Law

Essential Element

(3) Concepts and skills related to parenthood/adult roles.
⇨ Summarize laws related to the family.(3E)

Teaching Strategies 91
Teaching Aids 97
Student Activities 100

Invite an attorney who specializes in family law to speak to the class about a parent's legal obligations to the family and children. Ask the speaker to address the legal consequences a parent might encounter when a child's rights are violated (such as child abuse or neglect). Provide students with an opportunity to summarize the attorney's comments. QUESTIONS: Are the laws related to protection of the family adequate to protect children and other family members whose rights are violated? Why? What action should a family member take if rights are violated?

Divide the class into three groups and have students research past and present family laws. Based on their research, have students formulate their version of family laws in the future. Ask each group to select a leader to make a presentation to the class. Assign each group the past, present, or future to define. Groups may prepare visual aids to make their presentation as interesting as possible.

Marriage

Invite a resource person to identify the marriage requirements in the state. The speaker should cover information on marriage licensing, age, blood test, prohibited relationships, and the marriage officiate. Have students prepare questions for the speaker in advance. QUESTIONS: What requirements must be met to obtain a marriage license in your state? What is the purpose of marriage requirements? When is parental consent required? Under what conditions may a marriage be declared void? What persons are not permitted to marry in your state? Under what conditions may a person remarry? Are any marriage requirements outdated? Why? Why are certain marriages forbidden by law? Why?

Assign the following parts to students willing to participate in a role play:

- Justice of the Peace
- bride
- groom

Ask a student to read the case studies in Teaching Aid 5.1, Is This Marriage Legal? After each case study, have the Justice of the Peace say "If anyone present has any objections to the marriage of this couple, let him speak now or forever hold his peace." Students (members of the audience) should stand, be called on by the Justice of the Peace, and state their objections. If the rest of the class agrees with the objection, the mock ceremony should be concluded and the bride and groom sit down. If their are no objections, the students may be pronounced husband and wife, or some other creative titles such as "superwoman" and "superman." Students in the role play may want to bring props (veil, top hat, bouquet, neck tie) for their performance.

COMMON-LAW MARRIAGE

Write the term *common-law marriage* on the chalkboard or overhead projector. Have students write their definition of the term on a piece of paper. Have student volunteers share their definitions with the class. Use the definitions to facilitate a class discussion on common-law marriages. QUESTIONS: What constitutes a common-law marriage? Is a common-law marriage a legal marriage?

Paternity

UNMARRIED COUPLES
MARRIED COUPLES
ESTABLISHING PATERNITY

Define the term *paternity*. Divide the class into small groups and conduct informal surveys of classmates, family members, and friends about their knowledge of paternity. Use the following questions as a guide for the surveys:

1. What is the first thing that comes to mind when you hear the term *paternity*?
2. What does the term *paternity* mean to you?
3. Where did you gain your knowledge of *paternity* ?

Total all similar responses and develop a presentation on the knowledge of paternity among the groups surveyed. Each group should select a leader to announce the group's findings and make their presentation to the class.

Invite a representative from the Attorney General's office or the Department of Human Resources to describe the determination of paternity and child support obligations. Guide students in preparing questions prior to the speaker's arrival. QUESTIONS: How are paternity and child support obligations determined? In what types of situations are paternity and child support obligations important issues to families? Who makes legal paternity judgements? When a paternity judgement is made, what legal implications exist for the father of the child? How often do families have problems related to child support obligations? To whom should families report problems related to child support?

Ask students who have filed for paternity to relate to the class exactly what is involved and how they feel about the procedures involved in declaring paternity. Lead a class discussion on the advantages and disadvantages of filing paternity. List the advantages and disadvantages on the chalkboard. QUESTIONS: Why do some young mothers not want to file paternity? Why do some young fathers not want to admit paternity?

Obtain a copy of the laws involving paternity. Assign each student a portion of the laws to research. Have students make a presentation of what they have learned about paternity and what their section of the law means. Students should use innovative and creative visual aids for their presentations.

Parental Rights

TERMINATION OF PARENTAL RIGHTS
RIGHTS OF THE GRANDPARENT
BEST INTEREST OF THE CHILD

Invite an attorney who is familiar with family law to present information to the class on the rights of the parent (married and unmarried) in relation to family violence and child support. Instruct students to prepare questions for the attorney to answer during the visit. Following the presentation, instruct students to write a summary of information discussed.

Divide the class into pairs to debate one of the following statements:

1. Parents have a duty to support their children.
2. Parents should be able to punish their children physically.
3. Children should obey their parents.

4. Parents have a right to their children's earnings.

Allow students to spend a specified amount of time preparing and then presenting each side of the debate. Lead a class discussion on points covered. QUESTIONS: Why are you in favor of this statement? Why are you opposed to this statement? What influences do other people's beliefs have on your viewpoint? Why?

Display Teaching Aid 5.2, Understanding the Best Interest of the Child. Lead a class discussion about how difficult it is for a judge to decide the best interests of a child. QUESTIONS: What is meant by *the best interest of the child*? What are some of the considerations involved in making decisions based on a child's best interest? How do social, financial, emotional, and physical circumstances affect the best interest of the child?

Family Violence

PROTECTIVE ORDERS

Have students collect and read articles about family violence and neglect. Have each student summarize one article and present the findings to the class.

Invite a representative from Children's Protective Services to speak to the class. Have the guest describe his or her duties and describe the functions of the agency. Guide students in preparing questions prior to the speaker's arrival.

After students read references containing information on family violence, have them develop a list of terms related to family violence. Students also should develop definitions for each term. Terms that students should understand include *child abuse and neglect, spouse abuse, elder abuse, physical abuse and neglect, emotional abuse and neglect, sexual abuse, battered child syndrome, battering parent syndrome, corporal punishment*, and *child abuse hot line*. Have students share their terms and definitions with the class.

Invite a representative from Women's Protective Services to speak to the class. Have the speaker explain the functions of the agency and his or her duties. Guide students in preparing questions prior to the speakers arrival.

Contact the local/regional office of human services to obtain pamphlets related to child abuse, laws and legal responsibilities, and resources for families' use in preventing and stopping child abuse. Have students read and discuss information in class.

Wills

Plan a learning tour to an attorney's office. Ask the attorney to speak to the class about the provisions of laws related to death. QUESTIONS: Why do we have laws related to death? What are the laws regarding autopsies? regarding wills and estates? regarding funerals and burials? regarding survivors? What are the procedures for writing a will? Why is a will necessary?

Give an informal lecture on the procedures for writing a will and the importance of having a will. QUESTIONS: How important is it that you have a will? What costs are involved in having an attorney draw up a will? What legal problems might occur if you should die without a will?

Divorce

CHILD SUPPORT

Invite an attorney who specializes in divorce to speak to the class about the legal considerations of ending a marriage. Ask the speaker to address desertion, separation, and annulment. QUESTIONS: Can a woman divorce while she is pregnant? How long after a divorce can an ex-husband still be considered the legal father of a child born to his ex-wife?

Obtain copies of sample divorce papers and bring them to class, or have a student volunteer bring a copy of divorce papers to class. Lead students to analyze and discuss information included in the divorce papers.

Have students study references and define *annulment*, *divorce*, and *legal separation*. During a class discussion, have the students compare their definitions and compile a class definition for each word. QUESTIONS: What are the differences and similarities in annulment, divorce, and legal separation? What laws affecting the family relate to annulment, divorce, and legal separation? Has the divorce rate decreased or increased in American society? Why do you think this change has occurred? What general effects do annulment, divorce, or legal separation have on family members?

Ask volunteers from the class or from other classes to participate in a panel discussion on the problems of divorce for children and adults. Invite students and adults who have experienced a divorce to be on the panel. Ask each panel member to give a brief synopsis of personal experience, and then ask the class to respond with questions or statements.

Emancipation

Define the term *emancipation* for the class. Have students brainstorm advantages and disadvantages of becoming an emancipated minor. If any students are emancipated minors ask them to describe the legal process they went through to become emancipated. QUESTION: What must a teenager prove to the court before becoming an emancipated minor?

Assign students to research emancipation in different states, giving each student a different state or states to obtain the basic facts. Students should write to other state governments to find out the different laws, or check with the library. Using Teaching Aid 5.3, The Difference in Emancipation Laws, instruct students to write, in their state, the basic information they have discovered for that state.

Adoption

Ask students to contact and invite professionals from a licensed private adoption agency, a state agency, and an attorney specializing in adoption to participate in a panel on adoption. Have students prepare questions prior to the event. Ask volunteers to write thank-you notes to the speakers who participated in the panel.

Divide the class into cooperative learning groups and have each group identify advantages and disadvantages of adoption. Have each group present their lists of advantages and disadvantages to the class. Lead a class discussion based on the groups' lists. QUESTIONS: What problems may be encountered if birth parents give their child up for adoption? How can potential problems be minimized?

Invite individuals knowledgeable about adoption to serve on a panel discussion. Potential members could include the following:

- a parent who adopted a baby
- a pregnant girl giving her baby up for adoption
- a college-age student who was adopted as a baby
- an individual, now around thirty or forty years old, who gave a baby up for adoption as a teen parent
- a teen mom or dad who was adopted as a baby

IS THIS MARRIAGE LEGAL?

Case Study I

Sharon and Joseph are sixteen years old. They want to get married, but they are too young to marry without their parents' permission. The state where they live requires both parties to be at least seventeen before they marry. Their parents want them to wait until they are finished with high school. Sharon and Joseph are running away to another state to marry.

Is This Marriage Legal?

*Justice of the Peace*____________________

*Bride*____________________

*Groom*____________________

*Objection(s)*____________________

____

____

____

____

____

Case Study II

Louise says that Martin is the father of her baby. Louise's father is insisting that Martin marry his daughter. Louise's father has even gone so far as to threaten Martin's life if he does not do as he is told. Martin is genuinely afraid for his life and decides to go ahead with the marriage even though he does not love Louise.

Is This Marriage Legal?

*Justice of the Peace*____________________

*Bride*____________________

*Groom*____________________

*Objection(s)*____________________

____

____

____

____

____

Understanding the Best Interest of the Child

The Difference in Emancipation Laws

Activity 5-1: *Family Law*

Directions: Complete the following activity regarding family law. Read each statement below. Place a ✓ in the "True" column if the statement is true. Place a ✓ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Young parents do not have rights concerning children.
		2. Married couples are always considered to be a child's natural and legal parents.
		3. Giving a child the father's last name automatically makes him the legal father.
		4. A person must be older than fourteen to become an emancipated minor.
		5. Releasing a child for adoption may be done through licensed private adoption agencies, state agencies, or through independent attorneys.
		6. Birth parents may change their minds about releasing their child for adoption until the child is six years old.
		7. An emancipated minor does not need parental permission or supervision.
		8. Family laws vary from state to state.
		9. The only reason to declare paternity is to force the father to pay child support.
		10. Divorce is a quick and easy way to terminate a marriage.

Activity 5-2: *Paternity*

Directions: Write a paragraph on how you feel about all children having a legal father.

Activity 5-3: *Wills*

Directions: In the following space, create a sample will. Be sure to include your child as well as your personal property.

Will

I, ______________________, being of sound
(your name)
mind and body do hereby leave the following:

Activity 5.4 *Divorce*

Directions: Sketch a picture depicting a family with children who have been through a divorce. Consider the living arrangements as well as the emotional consequences.

6

Effects on Prenatal Development

Essential Element

(4) Concepts and skills related to prenatal and postnatal care.

- Outline the effects of genetics, environment, and parent's health on prenatal development.(4A)

Teaching Strategies 107
Teaching Aids 113
Student Activities 120

Read a collection of poems about parenthood and pregnancy to the class. Have students write poems to their children describing their thoughts and feelings about being pregnant or the anticipation of birth. Ask students who would like to share their poems with the class to either read their poems or post them on the bulletin board.

Show students examples of advertisements, posters, and other media campaigns which address dangers that can affect the life of an unborn child. Assign students to write an advertisement warning expectant mothers of the dangers to their unborn children. Have students design a bulletin board with their advertisements. Students may include pictures or art in their ad. QUESTIONS: Why is it necessary for expectant mothers to understand the dangers to their unborn children? What are the key ingredients in an advertisement that might attract the attention of young pregnant women?

Genetics

Have students identify their own physical traits and tell which ones they believe came from their mother, grandmothers, father, or grandfathers. Photographs of relatives may be helpful in this activity. Once students have completed a written list of their traits, have them take the list to one of these close relatives and ask the relative to check the traits and note from whom they inherited each particular trait. QUESTION: How do your parents or grandparents agree with your beliefs about your inherited traits?

Have students read additional references on the pairing of chromosomes and genes. Instruct students to design and construct a model of how chromosomes and genes affect the unborn child. Ask students to present and explain their models to the class.

Show an audiovisual which explains the principles of heredity. Provide an outline of key ideas for students to take notes from the audiovisual. Lead a class discussion on heredity and the role it plays in a child's development. QUESTION: What characteristics are most likely acquired through heredity?

Play the Jelly Bean Game to describe the effects of heredity on a child. Teaching Aid 6.1, The Jelly Bean Game, uses different colored beans (marbles or beads also may be used) to help students better understand how certain characteristics are passed from grandparents through parents to children. Each student is visually creating gene development through the use of this game. The process can be repeated as many times as necessary for students to visualize the passing of characteristics from one generation to another. QUESTION: How are birth defects and disabilities related to heredity and environment?

BOY OR GIRL?

Have students view a film which explains the basic genetic conception, including the determination of the sex of the child and the conception of multiple births. QUESTIONS: Why do all of the children in a particular family not look the same? How do multiple births occur? What are the differences between fraternal and identical twins?

MULTIPLE BIRTHS

Invite a parent or parents of multiple-birth children to class. Ask the parents to discuss their pregnancy, labor, delivery, and how they coped with their multiple birth. Ask the guest parent(s) to describe management practices that they use with their children.

Have a health care professional speak to the class about the special needs and concerns of parents expecting a multiple birth. Guide students in preparing questions prior to the speaker's arrival, and instruct students to prepare written summaries following the presentation.

GENETIC AND CHROMOSOMAL DISORDERS

Invite parents of children with birth defects to sit on a panel and share their experiences as parents. Ask students to prepare questions for the panel and to elect a spokesperson to lead the panel discussion. NOTE: Be sensitive to student needs in planning, as this may be a difficult, emotional activity for some students.

Have a group of student volunteers interview a research scientist or doctor who is conducting research on a genetic or chromosomal disorder. Have the entire class prepare for the interview by reading as much as possible about the particular disorder being investigated by the researcher and by writing a list of questions for the interview. Once the interview is completed, have student volunteers record and present the findings from their interview to the class.

Assign each student a rare birth defect such as Tourette's syndrome or autism. Have students research the defects and write reports on the findings. Some of the research should address the following issues:

- How often does the birth defect occur?
- What causes the birth defect?
- Is there a cure for the birth defect?
- What type of research currently is being conducted on the birth defect?

Have students compile the research into a notebook on rare birth defects for classroom use.

Contact the March of Dimes and arrange to use their supplemental information on genetic and chromosomal disorders. This organization has a wide range of printed information and films available at no charge. Have each student select one brochure, flyer, or film and write a summary on concepts included. Have students present their findings to the class.

RH INCOMPATIBILITY

Have students read references on Rh incompatibility. Invite a mother who has experienced Rh incompatibility to speak to the class about what it means to be Rh incompatible, what precautions are taken, and what consequences can result. NOTE: Select a speaker who will not alarm the students about the situation but rather put them at ease.

Show students Teaching Aid 6.2, Rh Factor in Pregnancy, to illustrate the effects of the Rh factor in pregnancy. Divide students into small groups to discuss the Rh factor. Within each group have students report whether they are Rh negative or Rh positive. For students who do not know their Rh factors, have them ask their doctor/health care provider the next time they visit. QUESTIONS: What medical and technological advances have lessened the risks associated with Rh incompatibility? What dangers did a expectant mother and her baby face before these medical and technological advances?

Environment

Lead a class discussion about the general conditions of the environment. Have students make a list about the things they personally are doing to improve the environment. Use Teaching Aid 6.3, Saving The Environment for Our Children, to illustrate how important it is that we all do our part so our children and grandchildren can live in a healthy environment. QUESTIONS: What is the most difficult thing you do to better the environment? What is the most simple thing you do to better the environment?

Divide the class into groups and assign each group an environmental hazard that may harm pregnant women and their unborn children or children of any age. Have each group develop a media campaign (posters, public service announcements for television and radio, billboards, newspaper ads, magazine ads, and speaking engagements) to make the public more aware of the particular danger that they have been assigned. Some examples of environmental hazards are the following:

- cigarette smoke
- radiation
- toxic waste
- lead poisoning

Have students research current environmental trends that will affect women and children in the workplace and environmental safety. Instruct students to read periodicals and find articles which address their chosen topic. Have students write a paper summarizing their findings. Examples of topics to be considered are women working in battery factories and lead contamination in the ground.

Assign each student a different hazard or danger that might affect a fetus such as cigarette smoke, water skiing, or alcohol. Ask each student to imagine being a fetus and to write a paper from the point of view of the fetus. Students might think about the movie *Look Who's Talking* to better understand the concept of the assignment.

Divide the class into small groups. Have students prepare responses to one of the case studies in Teaching Aid 6.4, Alcohol and Pregnancy. The groups should act out their response in the form of a skit for the rest of the class.

ALCOHOL

Put together a collection of up-to-date articles on fetal alcohol syndrome for students to read and study. Instruct each student to write an opinion paper on pregnancy and alcohol consumption. The students' papers may be based both on the articles that they have read and on their own personal experiences.

DRUGS

Assign students to research different drugs such as heroin, cocaine, marijuana, aspirin, tranquilizers, and cold medicines. Have each student research the effects of the assigned drug on a fetus. Instruct each student to prepare a written report and an oral presentation for the class.

Invite a nurse from a neonatal intensive care unit to discuss the prevalence and concerns of "crack babies" and other babies born to mothers who have taken illegal drugs. Ask the speaker to bring visual material if possible. Have students prepare questions on note cards before the speaker arrives.

Use selected references, videotapes, and movies to describe the effect of maternal use of prescription and nonprescription drugs on an unborn child. Include information about infants born with drug addiction and resulting problems. QUESTIONS: Why should pregnant women avoid over-the-counter drugs? Should a pregnant woman question her doctor/health care provider about the safety of prescribed medication?

Bring to class several examples of over-the-counter drug containers, such as aspirin and cold remedies. Have students read the labels for warnings to pregnant women. A pharmacist may be invited to class to discuss the harmful effects of over-the-counter drugs, or students may refer to the *Physician's Desk Reference* or other references to read about the harmful effects of such drugs during pregnancy.

Divide the chalkboard into three columns. Have students give examples of various drugs and list them in column one. In column two describe each drug's effects on the expectant mother. In column three write the effects of each drug upon unborn children. QUESTIONS: Are there any drugs that are not harmful to a pregnant woman and her unborn child? If so, which drugs?

CIGARETTE SMOKE

Show students Teaching Aid 6.5, Smoking During Pregnancy. Lead a class discussion on the health-related problems that a baby may suffer if born to a mother who smokes. QUESTIONS: How can people who work in smoke-filled environments realistically change their situations? What do you think would motivate a pregnant woman to quit smoking?

Have students read references on the dangers of cigarette smoking and why cigarette smoke is dangerous to the fetus. Divide the class into groups, and have each group research the methods/gimmicks used to quit smoking or "kick the habit." Groups should determine if any of the methods of quitting smoking could be harmful to the fetus. One of the newest methods that should be researched is the nicotine patch. Have each group appoint a spokesperson to present the information discussed in the group to the rest of the class.

Have students write their interpretations of the phrase "Eating for Two." Students can collaborate and design a bulletin board with their work.

NUTRITION

Have students use Teaching Aid 6.6, The Foods I Eat, as a guide for keeping a daily record of everything they eat. Stress the importance of listing every single item of food that is eaten. If students are unsure of the category of a food item, have them check references to determine the correct category. Help students set up an appointment with a nutritionist to analyze their food diaries. If students are pregnant, breast-feeding, or trying to lose excess weight from pregnancy, they will have different dietary needs.

Divide the class into groups after the daily food charts, Teaching Aid 6.6, The Foods I Eat, have been used for a week. Have students discuss within their group the difficulties they have in eating the right foods. Students with different dietary needs may be able to suggest good solutions for their classmate's dietary problems. Each student should take notes on the comments that are made concerning their diet. Nutrition assistance may need to be given if specific questions arise within the group. Ask volunteers to share some of the good suggestions and ideas that their group discussed.

Arrange a study tour to a cafeteria. Encourage students to select and eat foods that are appropriate for a prenatal diet. Have students write their selections on a piece of paper. The following day, have students discuss their choices and why they made those choices. QUESTIONS: Were appropriate choices made? Why?

WEIGHT GAIN

Invite a nutritionist to speak to the class about healthy eating habits and weight gain during pregnancy. The speaker also may want to discuss how the body's metabolism affects the amount of food needed. QUESTIONS: How does losing weight during pregnancy affect the fetus? How does gaining too much weight affect the fetus and the expectant mother?

Display a transparency of Teaching Aid 6.7, The Right Stuff. Lead students to brainstorm the perfect diet for a pregnant seventeen-year-old, a breast-feeding thirty-year-old, a new mother trying to lose fifteen extra pounds who is not breast-feeding, and a pregnant twenty-eight-year-old.

WATER

Present information on the functions performed by water in the body, especially the body of a pregnant woman. Include the regulation of body processes, the regulation of temperature, and water's role as an essential element of body fluids, blood, and cells.

After students have read classroom resources to establish a definition of ***water*** and to determine its role and functions with the body, lead a class discussion that includes the following questions:

- What percent of body weight is made up of water?
- How much water should a pregnant woman consume daily?

- Why is it important to consume this much water each day?
- What are common foods which are good sources of water in the diet?

CAFFEINE

Using Table 6.2 in the text, have students record their caffeine intake. Divide the class into groups and have those students who are pregnant discuss the change in their caffeine intake and how it has affected their health. Have male students discuss how they can help the mother of their child monitor her caffeine intake. This activity can be expanded by having students bring empty containers to class, such as soft drink cans, milk cartons, and candy bar wrappers, and looking to see where caffeine is listed on the labels. Students could incorporate this information into a caffeine chart to be posted in the classroom.

VITAMINS

Have students read and study information related to fat soluble and water soluble vitamins. Divide the class into small groups and have students discuss and answer the following questions:

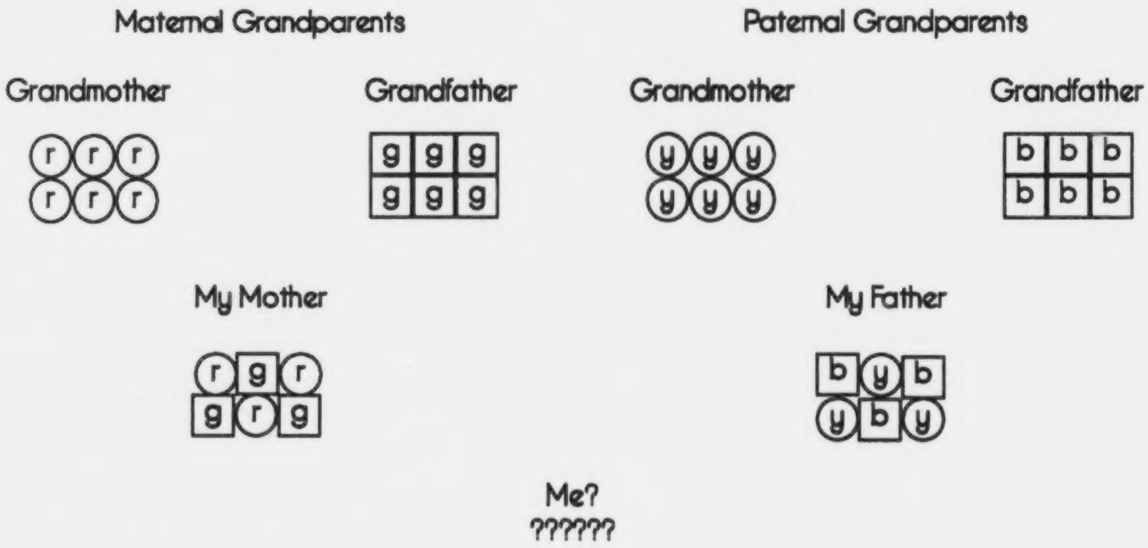
- Which vitamins are fat soluble? water soluble?
- Which vitamins can be stored by the body?
- Which vitamins must be replaced daily?
- What are the functions of each vitamin, and the food sources and health problems associated with too little or too much of the vitamin?
- Why is it important for a pregnant woman to take only the prenatal vitamins prescribed by her doctor?

Have students study information on vitamins A, B, C, D, E, and K. Guide students to study references to identify each vitamin's major functions in the body. Have students identify food sources for each vitamin and health problems which may occur if an expectant mother gets too much or too little of each vitamin. Have students complete a teacher-developed worksheet or quiz using the information gathered through the study of reference materials.

The Jelly Bean Game

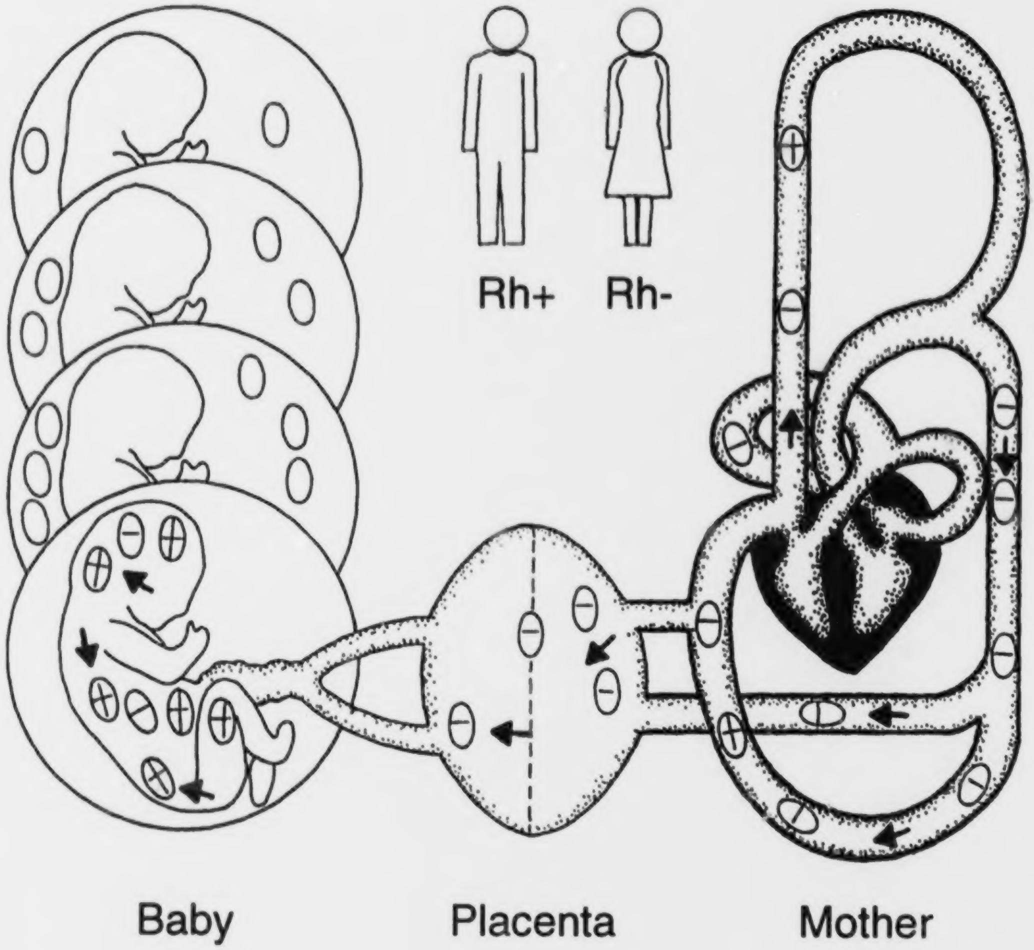
DIRECTIONS: Start with four cups labeled for paternal and maternal grandparents. Place six beans of the same color in each cup (each cup must contain different colors, for example, one cup with six red beans, one with six yellow beans, etc.). In a new cup marked "mother," place three beans from each of the maternal grandparents' cups. In another cup marked "father," place three beans from each of the paternal grandparents' cups. The beans represent genes.

Now, you can find your characteristics. Randomly draw three beans each from the mother and father cups, and place them in a cup labeled with your name. You now should have six beans of different colors that can be traced back to both sets of grandparents through your parents. Draw a diagram similar to the one below and color it to represent your individual heredity.


Maternal Grandparents
Paternal Grandparents
Grandmother
Grandfather
Grandmother
Grandfather
r r r
r r r
g g g
g g g
y y y
y y y
b b b
b b b
My Mother
My Father
r g r
g r g
b y b
y b y
Me?
??????

Rh Factor

IN PREGNANCY

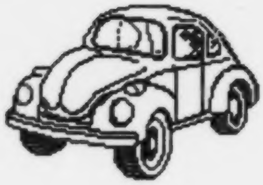

Rh+
Rh-
Baby
Placenta
Mother

TA 6.3

Saving the Environment For Our Children

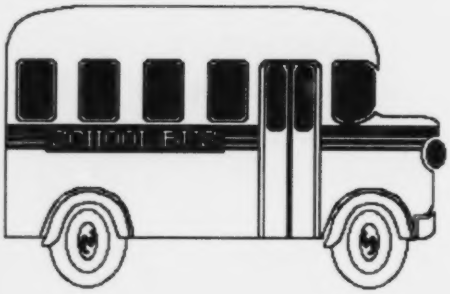
Recycle

Walk, Don't Drive

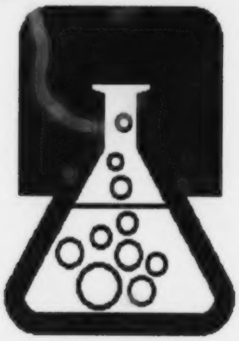


Conserve Water

Take the Bus



Dispose of Hazardous Waste Properly



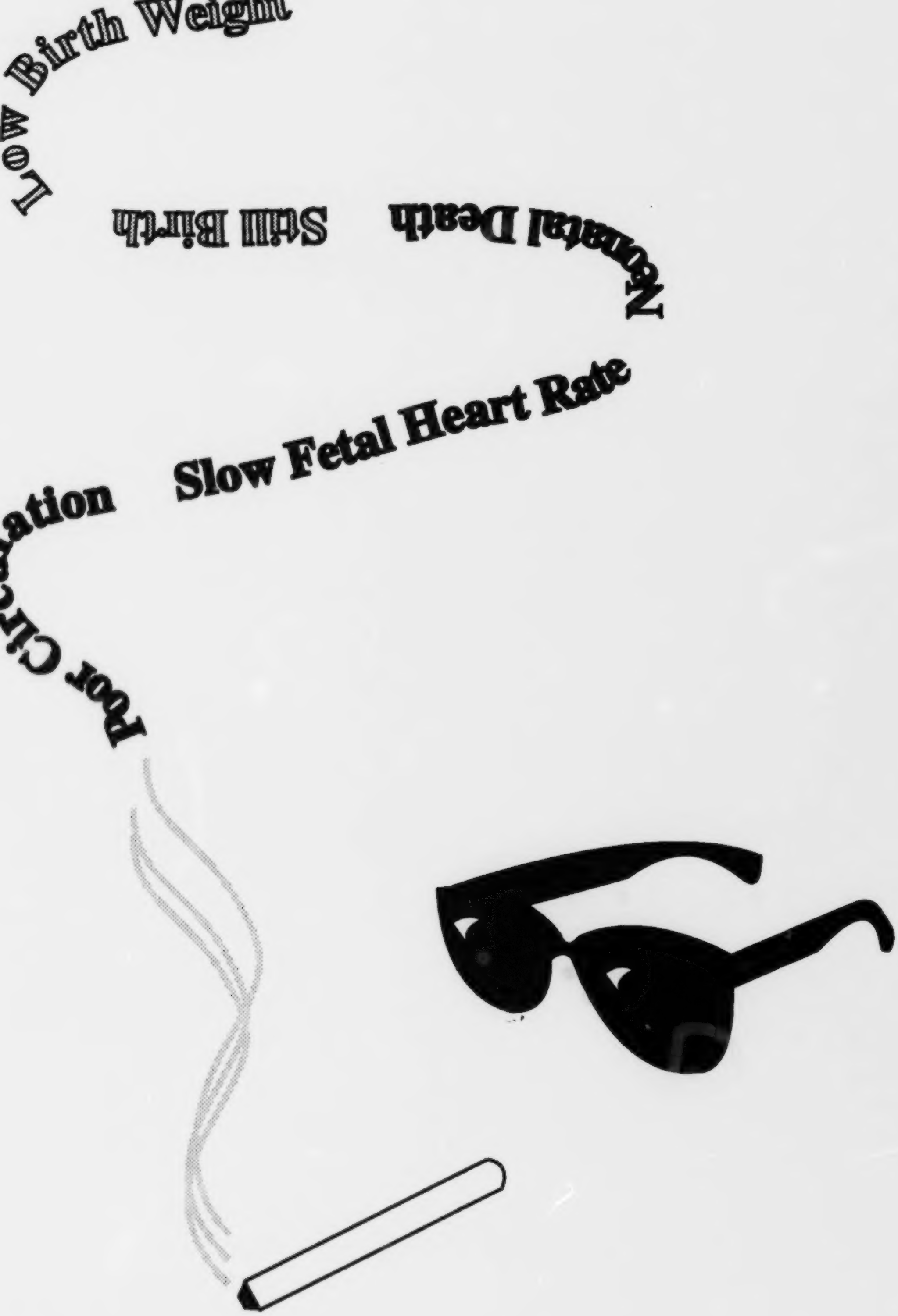
ALCOHOL AND PREGNANCY

Sam suspects that his girlfriend Adrienne is pregnant. They are at a New Year's Eve party where most of the guests are drinking alcohol. Adrienne already has had several drinks. Sam wants to confront her and ask her if she is pregnant, and if she is pregnant he wants her to quit drinking. He is afraid that Adrienne will start yelling and make a big scene at the party if he says anything. What should Sam do?

Valerie has always drunk beer. She is eight months pregnant and has continued her practice of drinking beer throughout her pregnancy. Her doctor has never said not to drink. She is at a restaurant with some friends and orders a beer. The wait person takes her order but returns and tells Valerie that he will not serve her beer because she is pregnant. Valerie is outraged. Did the waitperson do the right thing? Was Valerie's outrage justified?

Shawn's mother is pregnant. Shawn has often suspected that her mother is an alcoholic. Although Shawn is only thirteen years old, she knows that pregnant women should not drink. Shawn's parents are divorced. She has taken care of her mother by herself for several years and knows she must try and help her mother quit drinking so she can have a healthy baby. What should Shawn do?

Smoking During Pregnancy

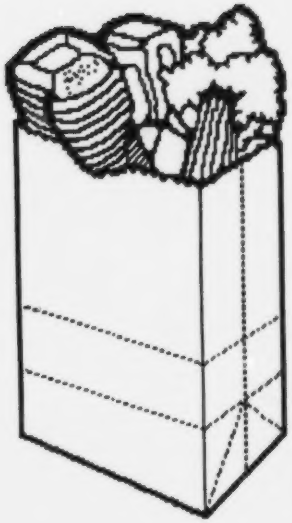

Low Birth Weight
Still Birth
Neonatal Death
Slow Fetal Heart Rate
Poor Circulation

TA 6.6

The Foods I Eat

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Milk, yogurt...	Milk, yogurt...	Milk, yogurt...	Milk, yogurt...	Milk, yogurt...	Milk, yogurt...	Milk, yogurt...
Meat, poultry, fish...	Meat, poultry, fish...	Meat, poultry, fish...	Meat, poultry, fish...	Meat, poultry, fish...	Meat, poultry, fish...	Meat, poultry, fish...
Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables	Vegetables
Fruit	Fruit	Fruit	Fruit	Fruit	Fruit	Fruit
Grains: Bread...	Grains: Bread...	Grains: Bread...	Grains: Bread...	Grains: Bread...	Grains: Bread...	Grains: Bread...
Empty Calories	Empty Calories	Empty Calories	Empty Calories	Empty Calories	Empty Calories	Empty Calories

The Right Stuff



Breakfast

Lunch

Snack

Dinner

TA 6.7

Activity 6-1 Genetics

Directions: Identify birth defects caused by genetic or chromosomal disorders by completing the following activity. Select the most appropriate word from the word list to best complete each statement and place the word(s) in the appropriate blanks.

cleft lip/cleft palate
congenital heart defects
cystic fibrosis
chromosome
hemophilia
hydrocephalus
muscular dystrophy
PKU
oxygen
spinal cord
Tay-Sachs disease

1. ________________ usually affects only males.
2. The ____________ ____________ does not develop properly when a baby is stricken with spina bifida.
3. Down's syndrome occurs when an extra ________________ of the twenty-first pair occurs.
4. Many states have laws requiring all infants to be tested for ____________ at birth.
5. People of Eastern-European descent are most likely to carry and pass on ________________.
6. ________________ affects the respiratory and digestive systems and is usually fatal before adulthood.
7. Surgery can usually correct the malformation of the face when a baby has a ____________ ____________.
8. Fluid surrounding the brain is a characteristic of the disorder ________________.
9. Sickle-cell anemia affects the body's ______________ supply and usually afflicts black people, including African Americans.
10. A structural defect and the inability to circulate blood properly are characteristics of __________________.
11. Physical therapy helps strengthen weak, deteriorating muscles in persons with ____________ ____________.

Activity 6-2: Genetics

Directions: Use the information covered in the reference book and during class to complete the following chart.

Genetic or Chromosomal Disorder	How does the disorder affect the child physically?	How does the disorder affect the child mentally?	How is the disorder detected?	Expected long-term care and outcome.
Cleft Lip/Cleft Palate				
Congenital Heart Defects				
Cystic Fibrosis				
Down's Syndrome				
Hemophilia				
Hydrocephalus				

Genetic or Chromosomal Disorder	How does the disorder affect the child physically?	How does the disorder affect the child mentally?	How is the disorder detected?	Expected long-term care and outcome.
Muscular Dystrophy				
Phenylketonuria (PKU)				
Sickle-cell Anemia				
Spina Bifida				
Tay-Sachs disease				

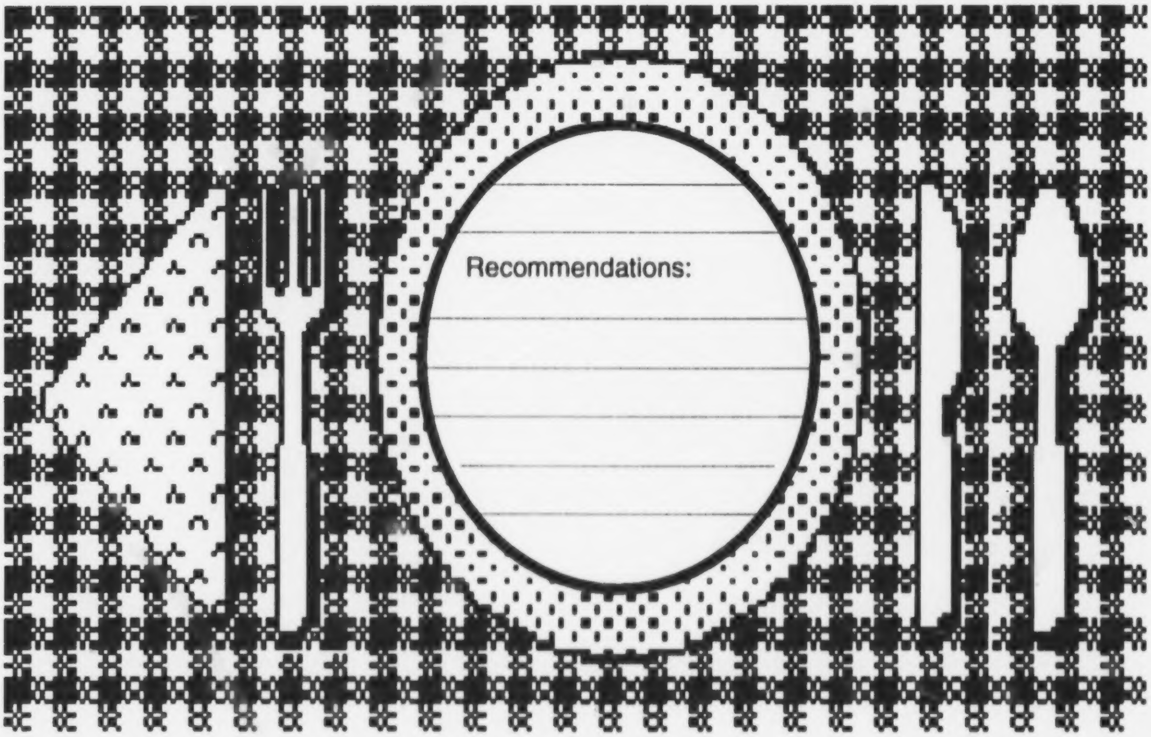
Activity 6-3. *Parental Health*

Directions: Fill in the school lunch menu for the day in the blanks. Below each item make recommendations for a lunch menu for a pregnant teenager.

Recommendations:

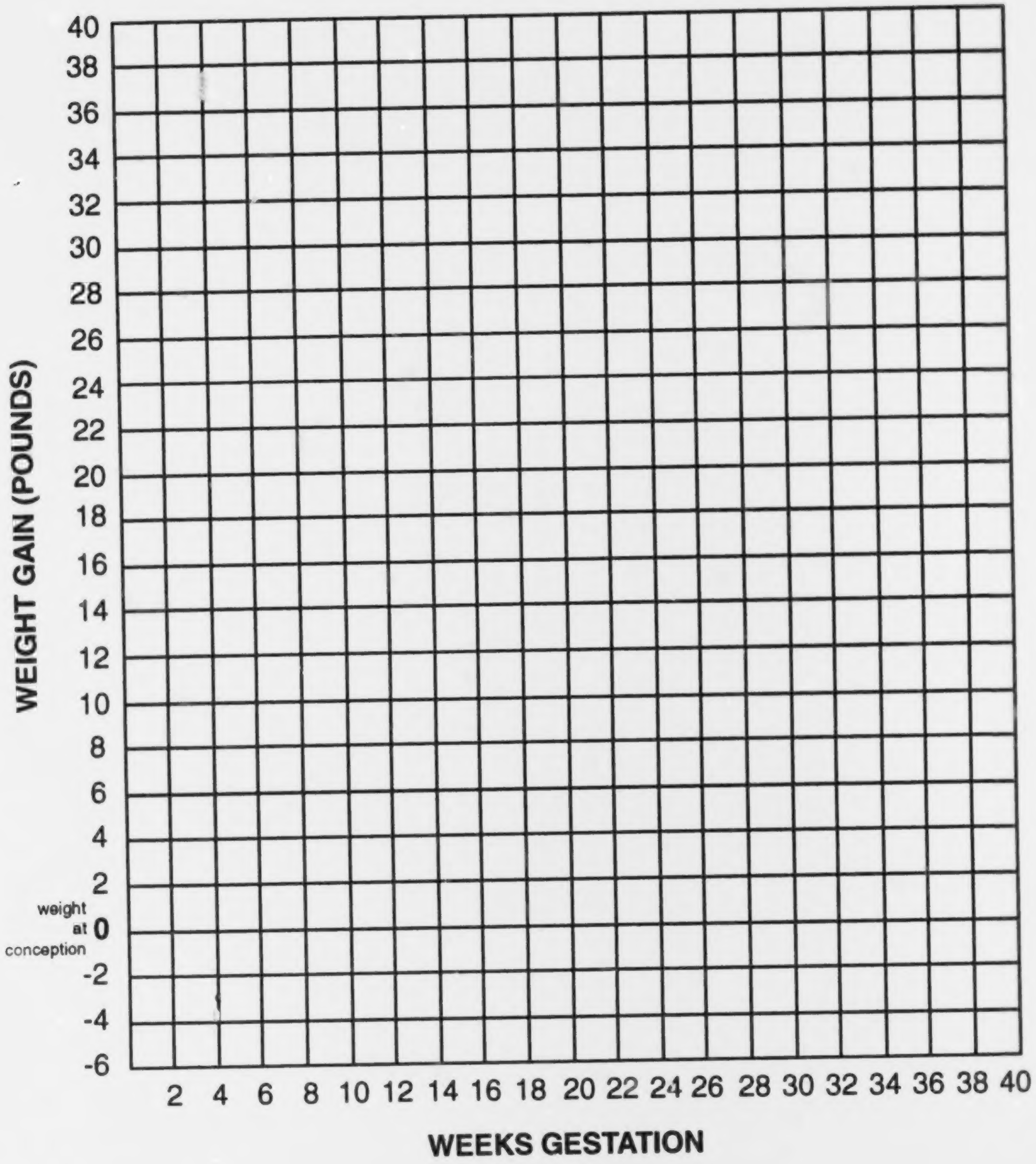
Recommendations:

Recommendations:



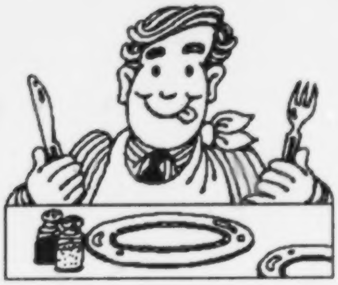
Activity 6-4: Parental Health

Directions: Use the following graph to keep an accurate account of your weight gain or that of the mother of your child during pregnancy. Begin at zero (weight at conception) and plot the graph according to weekly weight gain. Be sure weight is taken about the same time of day wearing about the same amount of clothing.



Activity 6-5 Parental Health

Directions: Complete the rebus scramble by writing each of the words illustrated. Add or subtract the letters as indicated to solve the puzzle.



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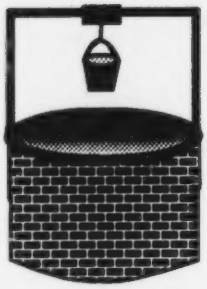

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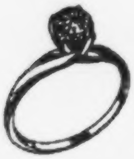

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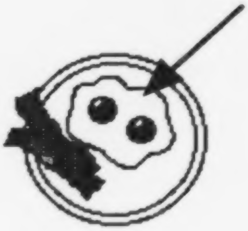

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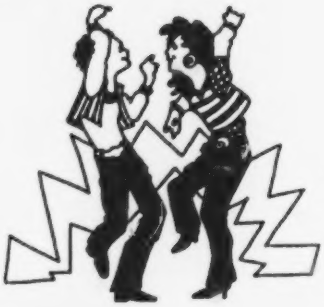

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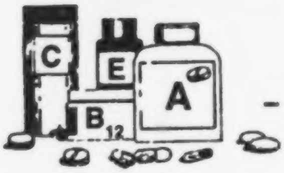

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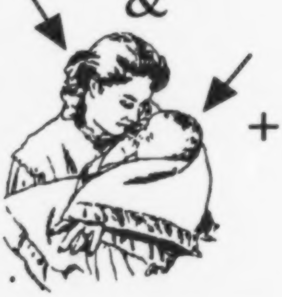

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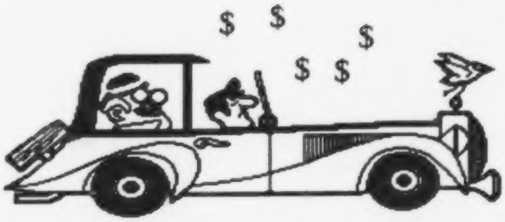

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Answer: ________ ________ ________ ________ ________ ________

________ ________ ________ ________ ________ ________

7

Prenatal Care and Concerns of the Expectant Mother

Essential Elements

(4) Concepts and skills related to prenatal and postnatal care.

- ➩ Explain the importance of early and continued prenatal care.(4B)
- ➩ Discuss personal care and common concerns of expectant mothers.(4C)

Teaching Strategies 129
Teaching Aids 135
Student Activities 142

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Prenatal Health Care

DOCTOR/HEALTH CARE PROVIDER

Lead students to brainstorm the characteristics of a good health care provider. Record the information on the chalkboard or overhead projector while students take notes. Have students use their notes to write a want ad listing the factors they would consider when looking for a health care provider.

Invite an obstetrician-gynecologist, a general practitioner, a nurse-midwife, and a nurse practitioner to participate in a panel discussion about the importance of prenatal care. Have students prepare questions prior to the panel discussion about the signs of pregnancy, the choice of a health care provider, prenatal care, and health care guidelines. QUESTIONS: Why do some people wait before seeking prenatal care? What are some consequences of not seeking medical care during a pregnancy? What are some consequences of not seeking medical care until late in a pregnancy? NOTE: Use caution when using the following question: If a woman chooses to have sex during pregnancy, why is it important that she and her partner practice safer sex?

Distribute to each student a copy of Teaching Aid 7.1, Monica's Dilemma. Have students read the case history and write helpful advice to Monica. Students should make a list of the problems involved in Monica's Dilemma. Have students write some of the tips they would give Monica if they were her best friend; her mother; Ron. QUESTIONS: Why is it important for a woman to quit using birth control measures such as birth control pills if she thinks she is pregnant? What types of birth control would not be harmful if used during pregnancy?

PRENATAL HEALTH CARE VISITS

Divide the chalkboard into four columns. Place the following titles for health care providers as heading to the columns: obstetrician, general practitioner, nurse-midwife, and nurse practitioner. Lead the students to brainstorm reasons why an expectant mother might choose one type of health care provider over another. QUESTIONS: How might an expectant mother utilize more than one of these professionals? Why might some of these professionals be unable to meet all of the needs of a pregnant woman?

Have students volunteer to participate in role-play situations depicting positive and negative patient-doctor/health care provider relationships. An example may be that the doctor is always in a hurry and the patient does not get all of her questions asked and answered. QUESTION: What alternatives do patients have regarding the prenatal care they receive?

Have students read references and define the term *Pap smear* and describe its usefulness in medicine. Show Teaching Aid 7.2, The Pelvic Exam. Borrow a speculum from a doctor or medical supply sales representative, and pass the instrument around so each student can see the instrument. Ask volunteers to tell how they felt during their first pelvic exam. Try to dispel any myths or misunderstandings that students may have about the exam.

COST OF PRENATAL CARE

Invite a panel of young parents to share with the class the costs of having a baby. Parents with a variety of birth experiences may be included. Examples include natural childbirth, childbirth with medication, cesarean birth, hospital birth, and birth at home with a nurse-midwife. Give the following questions to the panelists in advance so they may prepare to answer them: How much was spent on medical expenses? How much did they pay the physician or clinic? How much did they pay the hospital? What services were provided by each? What additional medical expenses were incurred, such as lab work or prescriptions? Were part or all of the expenses covered by insurance? How did the young couple adjust their spending to meet the costs of having their child? QUESTIONS: Can you think of other ways young couples can meet the costs of having a child? How did costs vary among different physicians, clinics, and hospitals? How did costs vary according to the size of the community? Have the class read a current article on the cost of having a child. Ask how unexpected expenses incurred by the parents interviewed compares with the average costs given in the article. NOTE: A local hospital or obstetrician may be available to supply an estimated cost summary for both a natural birth and a cesarean birth including physician fee, hospital charges, and additional services.

Prenatal Testing

ULTRASOUND
ALPHA-FETOPROTEIN
AMNIOCENTESIS
CHORIONIC VILLUS SAMPLING (CVS)

Have students read references and define the following terms:

- *Alpha-fetoprotein*
- *Amniocentesis*
- *Chorionic villus sampling (CVS)*
- *Ultrasound*

Students who have had any of these tests may volunteer to describe the procedures that were used. Those that have pictures of their ultrasound might share the pictures with the class. Have students compare their written definitions and descriptions with the experiences of their classmates. If no students have had the prenatal tests, invite outside guests who have had the tests to share their experiences.

Divide the class into groups to research the cost of prenatal testing. The groups should conduct their research by contacting doctors, hospitals, or insurance companies. Be sure all groups do not contact the same people. Each of the following tests should be researched:

- Alpha-fetoprotein
- Amniocentesis
- Chorionic villus sampling (CVS)
- Ultrasound

The group should select a spokesperson to present their research to the class. As a class project have students compile their research into a notebook for classroom use.

Show students an audiovisual presentation on the procedures used in prenatal testing. As students are watching the video presentation, have them make notes of questions, concerns, or fears they may have about any particular test. Collect the notes and determine if students' questions need to be addressed by a doctor or other health care provider or if a class discussion can answer the questions. Invite a doctor to speak to the class about prenatal testing if this is warranted by the students' questions and comments.

Medical Complications

SYMPTOMS ILLNESS

Display a transparency of Teaching Aid 7.3, Symptoms of Medical Complications. Discuss the medical complications that could result if symptoms are ignored. QUESTIONS: What could happen if a pregnant woman did not consult her health care provider immediately? What might be the cause of vaginal bleeding? How could it be avoided? What treatment might a health care provider recommend?

Divide the class into small cooperative learning groups. Provide additional references for groups to research the medical conditions listed in table 7.1 of the text. Each group should develop a creative way to present new information to the class.

Personal Care

EATING RIGHT AND EXERCISING

Ask a childbirth educator to speak on the importance of a healthy routine during pregnancy and in preparation for labor and delivery. The speaker can be asked to lead students in exercises and relaxation techniques recommended for easing discomforts of pregnancy and preparing for labor and delivery. QUESTIONS: What are the benefits of exercising and staying fit during pregnancy? How can boyfriends, husbands, or family members help an expectant mother take care of herself during pregnancy? NOTE: Pregnant students should have permission from their health care provider to participate.

Show students Teaching Aid 7.4, Healthy Lifestyles for Moms-to-Be. Have students write papers describing their lifestyles and suggest modifications which should be made if their lifestyles were that of a woman in her first, middle, or last trimester of pregnancy. Papers might include areas such as the following:

- work schedule
- class schedule
- sleep and rest patterns
- activity and exercise
- peer relationships
- family relationships
- special medical and/or dental needs
- personal hygiene
- travel

Have volunteers share their papers by making an oral presentation to the class. Evaluate papers on the basis of content and communication skills.

BATHING

Lead a class discussion on the importance of keeping clean during pregnancy, and the safest, most effective ways of doing so. Bring nonslip rubber mats to class and demonstrate how they help keep a person from slipping in the bathtub.

CLOTHING

Give students magazines, pattern books, and catalogs which have maternity clothes pictured. Have students create a poster or brochure depicting comfortable and fashionable maternity clothes. Students may want to choose a category to focus on such as sportswear or career clothes.

Using magazines and catalogs, cut out pictures of different types of clothing, and develop and number a set of flash cards. Have students use Teaching Aid 7.5, What Should I Wear? Show students each flash card and have them write the items in the row(s), Anything Goes, Comfort First, and Motherhood, and explain why they chose that row.

Divide students into groups and have them research the cost of maternity clothing. Give each group a different monthly income and have them determine how much of that income can be spent on maternity clothes. Students should determine what they would buy, where they would buy, and how much money they would spend on maternity clothes. Have groups plan a presentation for the class on their findings. Ideas for presentations could be a mini-fashion show, a poster presentation, or a field trip.

Common Concerns

PHYSICAL ACTIVITY

Have students make a list of activities that they participated in before they became pregnant. Have them list everything they can think of from walking to the bus to playing catch with their little brother. Students can exchange their list with a classmate for evaluation. Give students red, yellow, and green stickers. Have them place red stickers next to activities they feel should be stopped, yellow stickers next to activities they feel should be done with caution, and green stickers next to activities they feel are good activities to participate in while pregnant. Students should keep their classmates in mind when determining the appropriateness of each activity.

Bring a selection of video tapes showing pregnant women exercising. If possible, go to the gym and have students "work out" to the tapes. Have students analyze the exercises depicted in the videos for pregnant women and make a list of how the exercises differ for nonpregnant women. Lead the class to brainstorm reasons why it is important to exercise throughout life and during pregnancy. Making several exercise videos available for students to check out would be nice for students who may want to try the tapes at home. NOTE: If any students are pregnant, have them consult their doctor/health care provider before participating in the exercises.

TRAVEL

Divide the class into groups and have each group research a different type of travel such as air, train, bus, motorcycle, car, or boat. Have one student from each group call a travel agency to ask about restrictions placed on pregnant women when traveling by the group's particular mode of transportation if applicable. This student can report to his or her group. Have groups make recommendations based on reading materials and any information provided by the travel agent for pregnant women who are traveling. QUESTION: Why is it necessary to check with a doctor/health care provider before making travel plans?

PHYSICAL DISCOMFORTS

Lead students to brainstorm some of the uncomfortable or annoying things that they have gone through or are experiencing during pregnancy. Ask a student to list the situations on the board. Assign each student one or more of the discomforts listed and have them write a paper on suggested solutions available for that problem. Compile the papers into a notebook for classroom use.

Using Teaching Aid 7.6, The Effects of Pregnancy on the Bladder, describe the growth of the uterus and the effect this growth has on the bladder. Have students read references and define the term *bladder*. QUESTIONS: Why is drinking a lot of fluid during pregnancy important? How does the intake of fluids affect the bladder? Why is frequent urination a problem at the very beginning of a pregnancy and at the end of a pregnancy?

Have students read references on the causes of nausea during pregnancy and what can be done to eliminate nausea. Students should also report on some of the remedies from the past and the side effects of such remedies. Have students write a paper on what they discover, being careful to cite their sources.

Ask several different volunteers who have suffered heartburn during pregnancy to describe the feeling and to tell the class what they did to relieve the discomfort. Show students Teaching Aid 7.7, Feeling Better During Pregnancy, and ask which of the activities pictured would be especially beneficial to alleviate heartburn.

Bring boxes and containers of foods that help cure constipation, such as prunes, prune juice, bran cereal, lima beans, and cranberry juice. Set all of the boxes along with high fiber fruits and vegetables and a glass of water on a table for display. Ask students to examine silently the foods displayed on the table and list the commonalities of the foods on a piece of paper. Once students have done this, add several examples of foods whose consumption might take the place of foods that would be more nutritious for pregnant women and foods that may cause constipation, such as bananas, applesauce, cheese, and white rice. QUESTIONS: How might exercise help to prevent constipation? Why would increasing water intake be important for pregnant women suffering from constipation? Why is prevention of constipation through diet and exercise a better idea for pregnant women than taking over-the-counter laxatives?

Have students read references and define the term *hemorrhoids*. Bring examples of over-the-counter remedies for students to examine and determine if any of these remedies should be used while pregnant. Students should write the best cures for hemorrhoids along with the definition. QUESTIONS: What is the best cure for hemorrhoids? When hemorrhoids are unavoidable, what are some of the recommended procedures for reducing the swelling and pain associated with hemorrhoids?

Lead a class discussion on the problems students have sleeping and how they have solved their problems. Have a student list the problems and solutions on the chalkboard or overhead projector. Stress the importance of getting plenty of rest during pregnancy. QUESTIONS: At what point after conception do some women begin feeling tired? Why should a pregnant woman not take any type of sleeping medications? Is there a concern of getting too much sleep?

Ask an exercise specialist to speak to the students about strengthening back muscles and relieving back pain by exercising and stretching. The speaker may bring diagrams or other visual aids of the muscles and bones in the back. Prepare students to come to class dressed to try a few of the exercises and stretches. NOTE: Pregnant students may need to get permission from their health care provider.

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Monica's Dilemma

Monica is a Senior in high school. She is the star of the basketball team and a member of the debate team. Monica and Ron have been dating all year, and have always had a good relationship. Ron had wanted Monica to have sex with him a few months after they started dating, but Monica said no, she was not ready. Monica finally decided that she wanted to have sex with Ron because she loved him and wanted to keep him as her boyfriend after they graduated from high school.

Although Monica decided she wanted to have sex, she did not really plan for it when it happened. A few months after she and Ron started having sex, Monica decided she should protect herself from getting pregnant. She decided to start taking birth control pills.

Once she started taking the pill, she felt safe to have sex. However, one month after she had started taking the pill she did not have her period. She got worried when her period was three weeks late, and mentioned her concerns to her mother.

After a long talk with her mother, Monica decided to schedule a pregnancy test. Three weeks after she had missed her last period she found out she was pregnant. Unfortunately she had continued to take her birth control pills until the day she found out she was pregnant and the nurse told her to quit taking the pills.

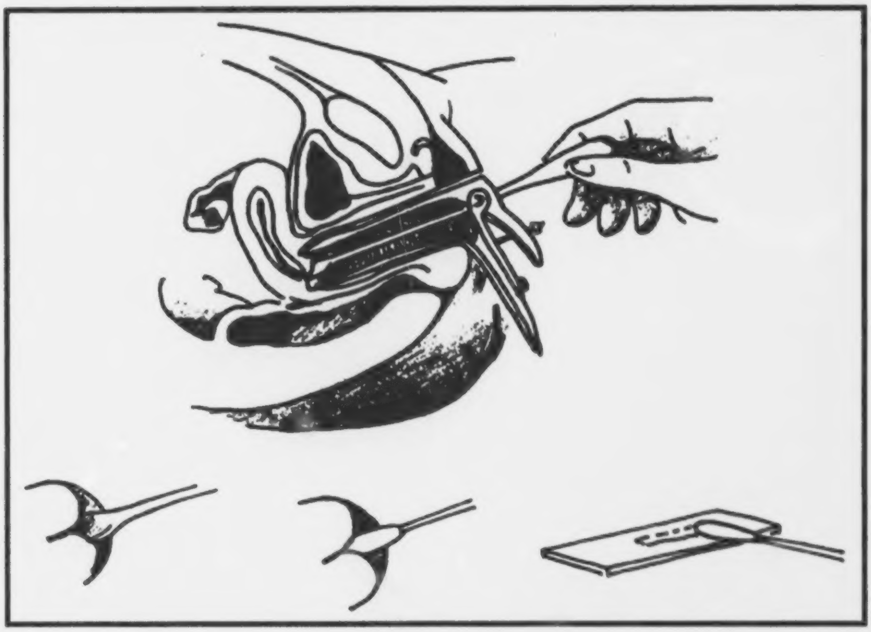
Monica is very upset when she is told she is pregnant. She believes there was a mistake. She could not get pregnant because she was on the pill, right? Monica continues to deny the fact that she is pregnant for three more weeks. Finally she agrees to visit a doctor.

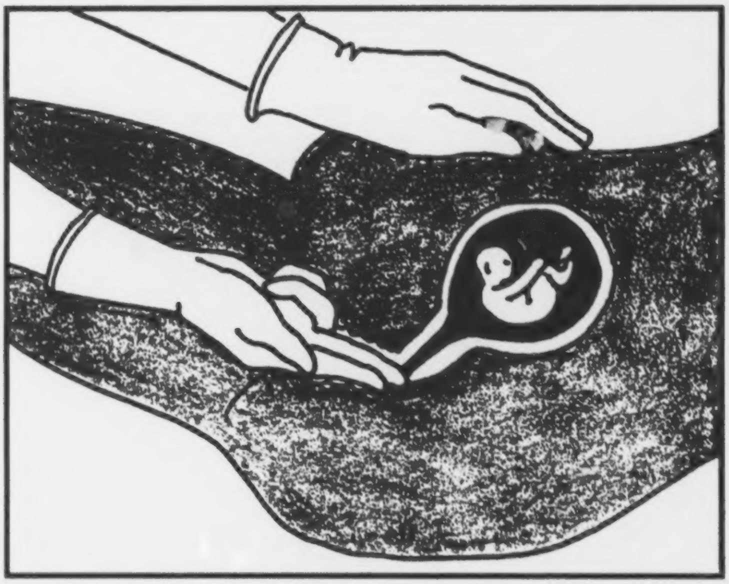
When the day of her doctor's appointment arrives two weeks later, she is so nervous that she skips the appointment and goes for a drive with Ron. She finally tells Ron that she is pregnant. Monica is well into her second trimester and beginning to gain weight. She will not be able to hide her pregnancy much longer.

Once again Monica is told by her friends that she must go to the doctor. She agrees, but makes the appointment for four weeks from that date. By the time Monica sees a doctor she is six months pregnant. She is finally accepting the fact the she has another life growing inside of her and realizes she will have to make some major life-changing decisions soon.

TA 7.2

THE PELVIC EXAM





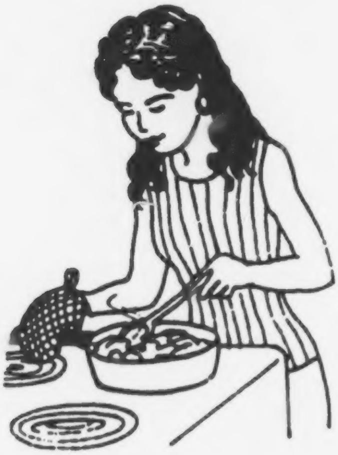
1) The doctor checks the external genitalia to make sure everything looks normal.
2) An instrument called a speculum is inserted into the vagina. This instrument holds the walls of the vagina apart so that the doctor can shine a light inside the vagina and check for any abnormalities.
3) A Pap smear usually is performed at this point in the examination. A Pap smear is done by rubbing the cervix to obtain a sample of the cells.
4) The speculum is removed and the doctor places one hand on the lower abdomen and two gloved fingers of the other hand into the vagina. The doctor can judge the position of the uterus and the ovaries by feeling these organs.

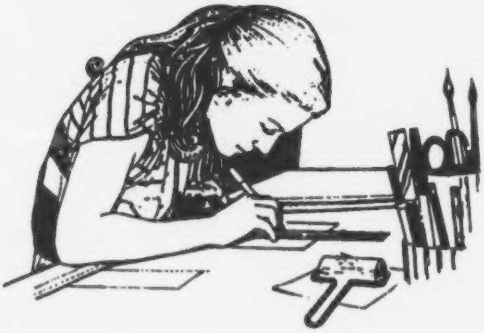
Symptoms of Medical Complications

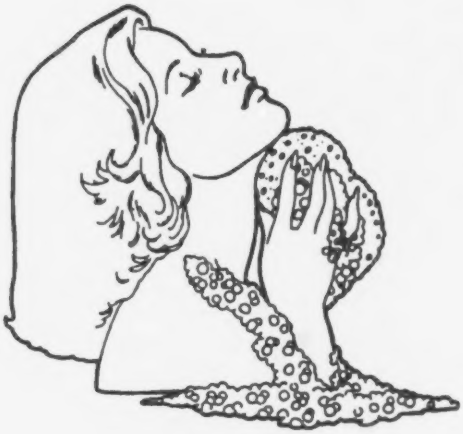
- ❋ vaginal bleeding
- ❋ abnormal weight gain
- ❋ severe abdominal pain
- ❋ persistent headaches
- ❋ urinary complications
- ❋ fever
- ❋ severe vomiting
- ❋ unusual and excessive swelling of the face and hands
- ❋ vision problems

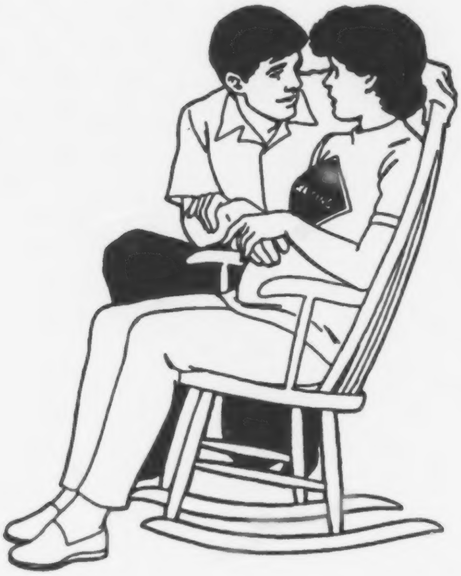
TA 7.4

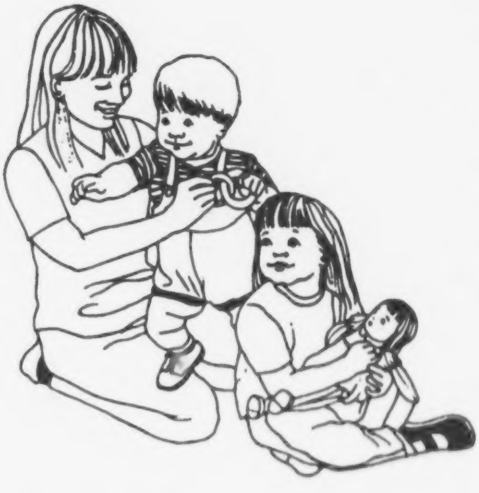
Healthy Lifestyles for Moms-to-Be

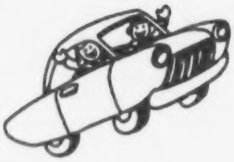








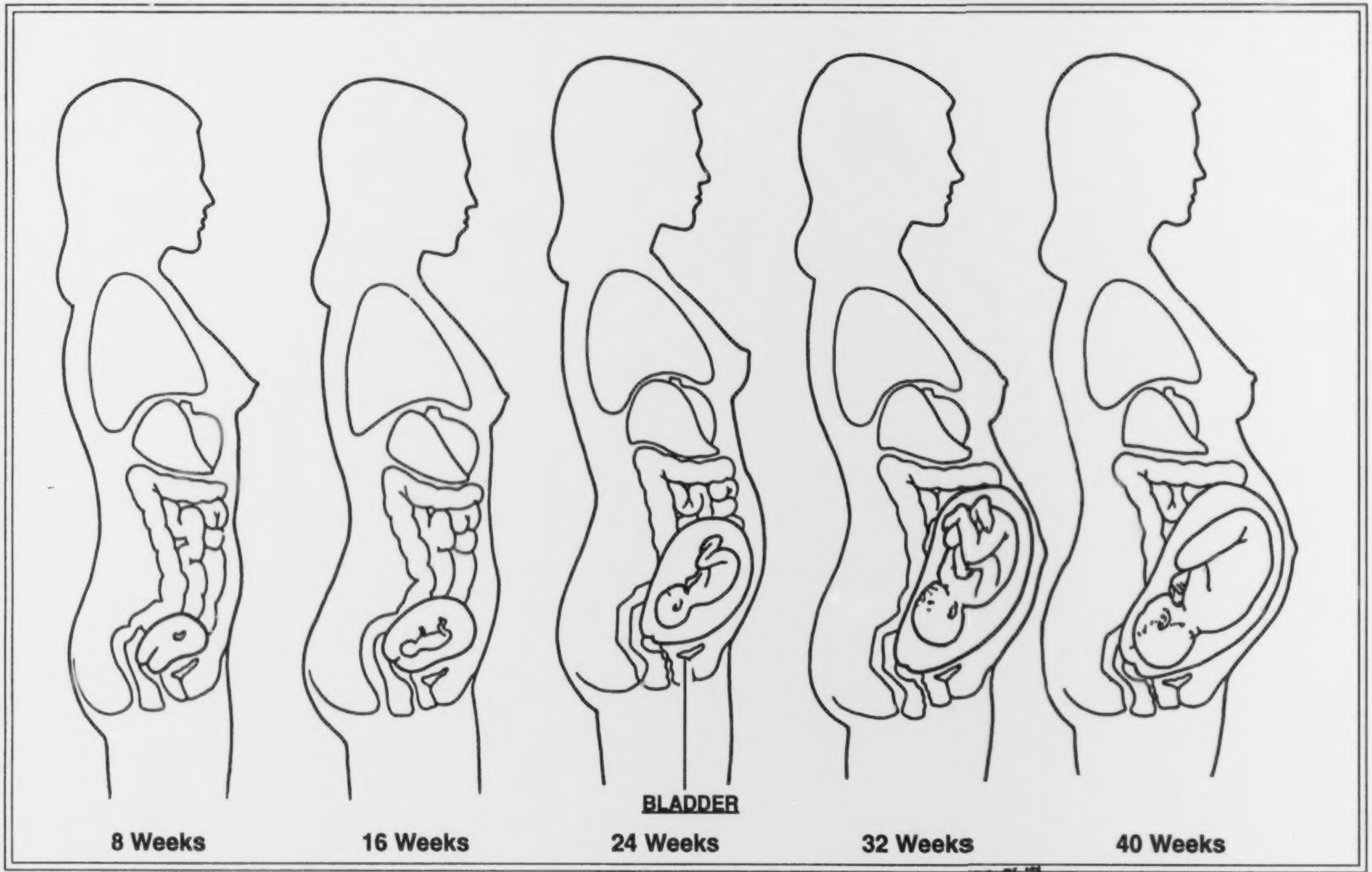




WHAT SHOULD I WEAR?

	Why?
Anything Goes	
Comfort First	
Motherhood	

THE EFFECTS OF PREGNANCY ON THE BLADDER


BLADDER
8 Weeks
16 Weeks
24 Weeks
32 Weeks
40 Weeks

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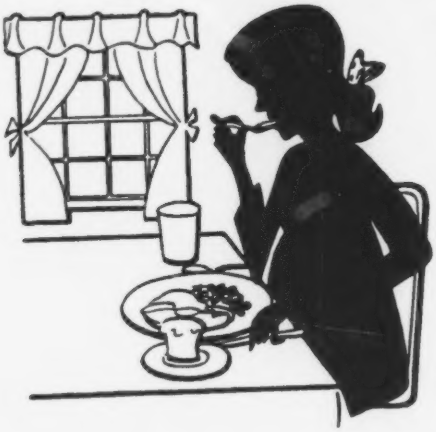
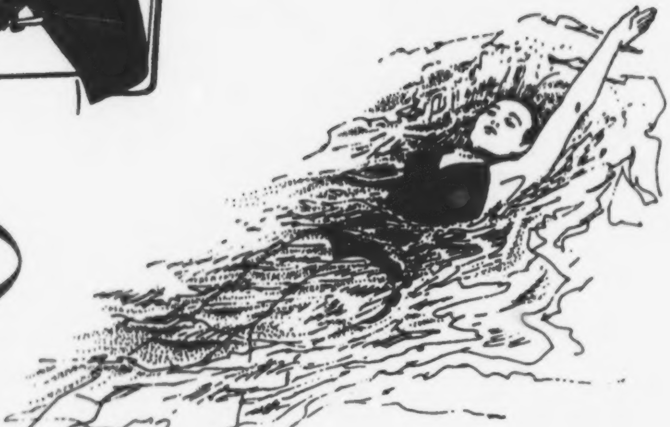
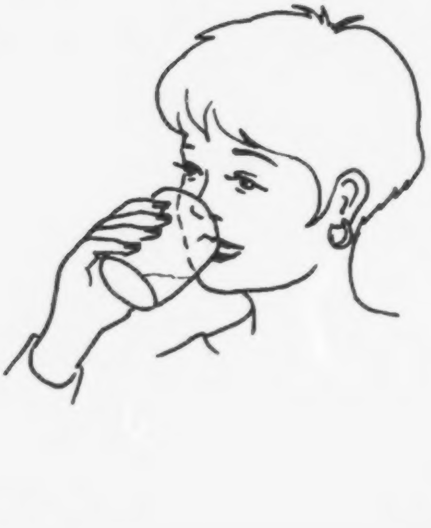
Feeling Better During Pregnancy



Eat Right

Exercise Regularly





Drink Plenty of Fluids

Activity 7-1: Prenatal Health Care

Directions: Complete the following exercise to better understand what information is important to the health care provider who cares for you or the mother of your child during pregnancy. Match the questions asked during a health care provider's visit with the reasoning behind the question by placing the correct letter next to the number. Some questions may share the same answer.

Questions

_____ 1. Do you smoke?

_____ 2. When was your last period?

_____ 3. How much did you weigh before becoming pregnant?

_____ 4. What did you eat yesterday?

_____ 5. Have you ever had an abortion?

_____ 6. Do you use illegal drugs?

_____ 7. Have you ever had an STD?

_____ 8. Do you take any medications?

_____ 9. What illnesses have you had?

_____ 10. How many times have you been pregnant?

Why the doctor needs this information.

a. reproduction history important for treating any problems that may arise

b. determine if you and your baby are at-risk of serious health problems

c. determine if your baby is at-risk from cigarette smoke

d. figure your due date

e. medical history necessary to treat both mother and baby

f. determine if you are eating a healthy diet

g. determine how much weight has been gained

Activity 7-2: Prenatal Health Care

Directions: Read the following story and then write the advice you would give to Jose and Maria so they will have a healthy baby.

Maria has just taken a home pregnancy test and determined she is pregnant by her boyfriend of six months, Jose. She is afraid to tell him and her parents.

Maria lives with her mom and stepfather. Maria's parents both smoke about three packs of cigarettes a day between them. She does not mind the cigarette smoke.

The family is on a tight budget and she knows that even if Jose does not break up with her, he will not be able to help with any of the medical expenses. Maria decides to wait until she is showing before she sees a doctor so she can save money. She hopes that maybe the pregnancy test was wrong even though she has not had a period in three months.

Maria still goes out with Jose and her friends drinking beer and occasionally smoking pot, which is not only irresponsible but also illegal. She has noticed that her stomach has been upset a lot lately and that she has been very tired. Maria's mom said that maybe she should not eat anything but instead drink soda to settle her upset stomach. Maria knows she should probably go to bed earlier so she will not be so tired.

My Advice...

Activity 7-3: *Prenatal Testing*

Part I

Directions: Fill in the blank to complete the following sentences.

1. Doctors can perform ________________ to determine many things about your baby before he or she is born.
2. Many of the tests available today are used only when the doctor feels there is a ________________ or ________________ that needs to be checked.
3. One of the most common prenatal tests is the ultrasound or ________________.
4. The ultrasound uses high frequency ___________ ___________ to produce an image on a screen similar to a television or computer.
5. The ______________________ test analyzes the blood of the mother and determines the amount of a specific protein in the mother's blood stream.
6. Amniocentesis is a prenatal test that cannot be performed until the ________________ month of pregnancy.
7. Amniocentesis is usually performed on women over thirty-five with a history of ________________ and ________________ defects.
8. ________________ ________________ ________________ is one of the newer tests available and is similar to amniocentesis.
9. Chorionic villus sampling obtains tiny projections or ________________ stemming from the membrane that surrounds the fetus.

Part II

Directions: Write a paragraph to an expectant mother explaining what the results of prenatal tests will tell her.

Activity 7-4: Medical Complications

Directions: Indicate if the following complications or discomforts are major or minor. If they are major, write at least one condition that can result.

Complication or Discomfort	Major or Minor	Condition
1. vaginal bleeding		
2. severe vomiting		
3. edema		
4. persistent headaches		
5. constipation		
6. shortness of breath		
7. severe abdominal pain		
8. vision problems		
9. morning sickness		
10. abnormal weight gain		
11. varicose veins		
12. fever		
13. urinary complications		
14. hemorrhoids		
15. unusual and excessive swelling of the face and hands		

Activity 7-5: Personal Care

Directions: Complete this activity to review the importance of good personal care during pregnancy. Read each statement. Place a ✓ in the "True" column if the statement is true. Place a ✓ in the "False" column if the statement is false. In the space provided, reword each false statement to make it a true statement.

TRUE	FALSE	STATEMENT
		1. To stay as slim a possible during her pregnancy, a woman should eat only diet foods.
		2. Good hygiene is especially important during pregnancy.
		3. Soaking in very hot water is a good, safe way for a woman to relax during pregnancy.
		4. It is not wise to travel during pregnancy.
		5. A pregnant woman should not participate in activities where she could fall and be jarred or bumped.
		6. Getting plenty of rest may be one of the best things an expectant mother can do for herself.
		7. During the last two months of pregnancy, a woman's health care provider may not want her to travel far.
		8. Exercise can help a pregnant woman stay healthy during and after her pregnancy.
		9. Wearing high heels during pregnancy is good because it makes a woman look fashionable.
		10. Maternity clothes often can be purchased second-hand or borrowed from a friend or relative.

Activity 7-6: Common Concerns

Directions: List the causes and "cures" for each of the following discomforts of pregnant women.

AILMENT	CAUSE	SOLUTION
HEARTBURN		
CONSTIPATION		
HEMORRHOIDS		
SLEEPING PROBLEMS		
FREQUENT URINATION		
NAUSEA		
BACKACHE		

8

Prenatal Development, Labor, and Delivery

Essential Elements

(4) Concepts and skills related to prenatal and postnatal care.

- ➩ Summarize the stages of prenatal development. (4D)
- ➩ Analyze the process of labor and delivery.(4E)

Teaching Strategies 151
Teaching Aids 157
Student Activities 169

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Stages of Prenatal Development

Have students read references to define the term *trimester*. Divide the class into three groups, and assign each group a trimester. Within each group, instruct students to make a chart showing their assigned trimester and the fetal development that occurs. When the groups are finished, create a bulletin board with the information from each group.

Show students an audiovisual on the development of a baby from conception to birth. Have pregnant students or male students with pregnant partners note the stage their baby is in and what is happening developmentally to their baby according to the audiovisual. QUESTIONS: When is the unborn baby called an embryo? fetus? zygote?

Assign students a different stage or week of prenatal development. Have each student write about that stage of development from the fetal point of view. Students should write their papers in first person, describing all of the things that are happening to the fetus. Students should present their papers to the class in the most creative method possible and in the correct order of development.

FIRST TRIMESTER

Have students read references and define the following terms: *zygote, embryo, placenta, amniotic sac, amniotic fluid,* and *umbilical cord.* Use Teaching Aids 8.1a, 8.1b, and 8.1c, Stages of Prenatal Development, to describe the first trimester of pregnancy to students. QUESTION: Why is it so important for a pregnant woman to eat healthy foods and take care of herself early in pregnancy or even before she becomes pregnant?

Bring the following items to class and display them on a table: straight pin (head), frozen green pea, lentil, pinto bean, lima bean, postage stamp (one inch square). Arrange the objects from the smallest to the largest, and ask students to picture their unborn baby that small. Lead a class discussion on what occurs within the fetus as it grows from the size of a pin head to the size of a postage stamp.

Divide the class into three groups and label the groups Four Weeks, Eight Weeks, and Twelve Weeks. The groups should read references about the development of the fetus within that time period.

SECOND TRIMESTER

Ask students who are experiencing the second trimester of pregnancy to prepare individual presentations to the class describing the development of their babies and the feelings of growth that they, as expectant parents, are noticing. Encourage students who have already experienced this stage of pregnancy to ask specific questions or interject comments after the presentations.

THIRD TRIMESTER

Ask students who are experiencing their third trimester of pregnancy to prepare individual presentations to the class describing the development of their babies and the feelings of growth that they, as expectant parents, are noticing. Encourage students who have already experienced this stage of pregnancy to ask specific questions or interject comments after the presentations.

Have students research the medical advances available to care for premature babies. Instruct each student to write a research paper on the findings, including statistics concerning the health of premature babies. QUESTION: What moral and ethical problems do doctors face concerning medical technologies which can sustain the life of a premature baby?

Introduce a panel of expectant mothers who are in their third trimester of pregnancy. Ask panel members to discuss their feelings as mothers, their interaction with their unborn children (such as singing and reading), and the development of their babies at the final stages of pregnancy. The panel might consist of student volunteers, expectant mothers from outside of the classroom, or a mixture of both. Students should feel comfortable asking the panel members questions relevant to the topics discussed.

Calculating the Due Date

GESTATIONAL AGE
FERTILIZATION AGE

Ask students to bring a calendar and calculator to class. Write the following formulas on the chalkboard:

- First day of last normal menstrual period minus three months plus seven days equals due date.
- Date of conception minus ninety-nine days equals due date.
- First day of last normal menstrual period minus eighty-five days equals due date.

Assign different dates to the class and have them determine the due date for full-term pregnancy by using the formulas above. Have students announce what the due date is and check to see if the rest of the class arrives at the same date. Have students determine the due dates of their own babies. Ask each student to compare that date with the date calculated by the student's health care provider.

Onset of Labor

Have students draw from a basket different time periods or cultures such as Prehistoric times, Asian culture, Native American, and Early American. Instruct students to research the labor and delivery practices of the people during these times or in these cultures. Have students write a report on these different practices and how they differ from those of today and then present their papers to the class orally. Once all the papers have been presented, lead students to brainstorm the kinds of labor and delivery practices that might occur in the future.

Ask students to describe what comes to mind when they think of the word *labor*. Have students visualize the different ideas that are described. Lead the class to brainstorm other words that might describe the birthing process. QUESTIONS: How do the visualizations of the word labor relate to the reality of giving birth? Where did the term labor for childbirth originate?

Write an assortment of words on the chalkboard, such as *fatigue, leg cramps, tenderness of the breast,* and *water retention.* Along with these words intermix the terms contractions, water breaking, and mucous plug passing. Ask students to identify, from the assortment of words, which words indicate the onset of labor.

Create a type of traffic signal with red, green, and yellow lights. Use the traffic signal to play the game, Labor Signals. Call on different students and make a statement about labor. The student may classify the statement by signaling the traffic light. If the statement is a false sign of labor, the student should signal red; if it may be a sign of labor, the student should signal yellow; and if it is definitely a sign of labor, the student should signal green. The following are some sample statements about labor:

- Having the strongest pains in the front of the abdomen. (False Labor - Red)
- Sudden gush of water from the vagina. (True Labor - Green)
- A fully effaced cervix. (True Labor - Green)
- The contractions are relieved by walking around. (False Labor - Red)
- Contractions getting closer together and lasting longer (True Labor - Green)
- Tightness in the abdomen and/or back. (May be Labor - Yellow)
- Notice a bloody discharge from the vagina. (True Labor - Green)

CONTRACTIONS

Have students write a paper describing their own contractions or how they think contractions feel. Have students present their descriptions to the class, addressing the class as an unusual audience. Students may choose the audience they would like to address from the following list or use their own idea.

- group of extra terrestrials on earth for a two-week visit
- a close friend who you can tell anything
- a new boyfriend or girlfriend
- a dozen cowboys driving their herd across the dessert in the year 1852
- a pregnant woman who does not speak English

Show students Teaching Aid 8.2, Timing Contractions. Describe how to time contractions and then divide the class into groups, making sure each group has a watch with a second hand. Ask the groups to select one person to pretend she or he is feeling contractions while the rest of the group times the contractions, the time between contractions, and how far apart the contractions are.

WATER BREAKING

Ask two students who already have experienced childbirth to speak to the class about their water breaking. Some students may not have even realized what was happening, while others may have been in public and felt embarrassed. Show students Teaching Aid 8.3, When Your Water Breaks... Explain the natural breaking of the amniotic fluid and why it is important to call your doctor/health care provider immediately. Also discuss the fact that a woman could be in active labor and her water not break. QUESTIONS: After the water breaks, how long does it usually take before the baby is born? What is the common color of the amniotic fluid?

MUCOUS PLUG PASSING

Blow up a balloon in class and tie a knot at the base of the balloon. Ask students to pretend a baby is in the balloon surrounded by amniotic fluid. Ask students to describe why the fluid does not leak out of the balloon while the balloon is held upright. Compare the purpose of the mucous plug with that of the knot in the balloon. QUESTION: What causes the mucous plug to leave the body?

Stages of Labor and Delivery

Have students interview their own parents, a close relative, or family friend about the events and situations surrounding the student's birth. Have students design a poster displaying facts and nostalgia such as pictures, weight, height, length of labor, time of birth, where expectant mother was when her water broke, and any additional notes the student may want to share. Students should display their posters after presenting them to the class. The class may want to give awards for the most unique antidote, the easiest/shortest labor, the most unusual place a baby was born, the most creative poster, or any other type of award they want to give to a classmate.

Show a video or use Teaching Aids 8.4 (a-e), Stages of Labor and Delivery, to identify the stages of labor and birth. Guide students in summarizing the birth process, general time lines, influencing factors, and typical medical considerations and procedures. Extend learning by having students research the following terms related to the stages of delivery: *engagement, descent, flexion, internal rotation, extension, external rotation*, and *expulsion*. QUESTION: Why is it important for a pregnant woman to fully understand the birthing process?

Have students who have experienced the birth of their child tell the class how long the labor lasted for their first child and any students who have had additional children how long each labor lasted. Ask one student to write the times on the chalkboard in separate columns for first birth, second birth, and so on. Have students determine the average time for labor in each column. Have students research the average amount of time a woman spends in labor according to different experts and studies and what factors affect the length of time spent in labor. Students should bring all of their facts and figures together in a written paper.

FIRST STAGE

Have students read references and define the following terms: *contraction, cervix, dilation*, and *effacement*. Ask a different student to define each of the terms to the class. Lead a class discussion on the progression of the first stage of labor.

Show students pictures of a baby's head crowning and the use of forceps. Lead a class discussion on the relative safety in using forceps, the need for an episiotomy when using forceps, and the necessity of anesthesia for an episiotomy. QUESTIONS: When is an episiotomy needed? Why does the woman not feel the episiotomy? Why are forceps used?

SECOND STAGE

Have students who already have experienced birth describe their experiences with crowning, forceps, and episiotomies with the rest of the class. Have a student record the questions that arise from the rest of the class about those experiences. Compare the students' different experiences, and stress the fact that all women react differently to giving birth.

THIRD STAGE

Have students brainstorm and list all of the feelings that both a mother and father experience during the third stage of labor. Students who have already experienced birth can give ideas based on experience; others can speculate on their feelings. Instruct students to write a paper describing the emotions they experienced during childbirth.

Once students have studied all three stages of labor, have them work individually or in groups to design a chart which describes the stages of labor. They can use pictures, graphs, charts, or any other ideas to make their presentation to the class. An idea of the different aspects that need to be presented are the range and average length of time spent in the stages, what happens to the expectant mother's body, how that makes the expectant mother feel, what the medical personnel are doing, and what the labor/birthing coach is expected to do during each stage.

Childbirth Options

Assign students to read about birth and options for delivery and record information on Teaching Aid 8.5, Birth Options Summary Sheet. Include information about prepared childbirth, childbirth with medication, cesarean section, birthing centers, and hospitals. Have students list characteristics of each birth option, possible complications associated with each, and the effect of each on the expectant mother and the newborn. QUESTIONS: What are the advantages and disadvantages of each option? What factors influence the decision to select a specific option?

Assign students to write a paper that describes one type of delivery, its advantages and disadvantages, and the effects of the delivery on the parents and child. Evaluate papers on content and communication skills. QUESTION: What role does personal circumstance and preference play in determining the delivery method?

PREPARED CHILDBIRTH

Invite a representative from a hospital that teaches prepared childbirth classes. Have the guest discuss topics covered in the childbirth class and ways that students may enroll.

Invite several young parents and/or a mother and her labor/birthing coach to class to describe the experiences of giving birth using controlled breathing. Have the visitors discuss how they learned controlled breathing, how it benefited them, and how it benefited the child. Guide students in preparing questions prior to the presentation.

CHILDBIRTH WITH MEDICATION

Show students Teaching Aid 8.6, What to Consider About Pain Medication. Have students who have experienced childbirth tell the class how they decided what, if any pain medication would be used during the delivery. Lead a class discussion about why considering all of the options involved in pain medication is so important. QUESTIONS: Why should the effects of pain medication on the mother be a consideration for its use? Why should the effects on the baby be considered? To extend learning, ask students: How has pain medication during childbirth has evolved and changed over the past twenty years? one-hundred years?

Divide the class into groups and assign each group one or more of the different types of medications used during childbirth. Have each group research the advantages and disadvantages of the medications they have been assigned. Have the class compile all of their research into a notebook for classroom use.

CESAREAN DELIVERY

Lead students to brainstorm the many reasons why a baby might need to be delivered by cesarean section. Ask a volunteer to write the ideas listed on the chalkboard or overhead projector. If any students have experienced giving birth by cesarean section they might share their experiences with the rest of the class. QUESTIONS: In what instances would an emergency cesarean delivery be necessary? What could you do to calm yourself or the mother of your child if you/she had to have an emergency cesarean delivery?

Show students a video depicting a cesarean delivery. Have students write a brief paper on how they would feel if they had to undergo a cesarean delivery.

Have students interview older mothers who have experienced a cesarean delivery. Questions should include the following:

- Were you prepared for having a cesarean section?
- If so, how did you prepare?
- What type of anesthetic did you have for your cesarean?
- Was the father or labor coach with you during the surgery?
- What do you remember most about giving birth by cesarean?

If interviewees have experienced both a vaginal and cesarean delivery, the interview should include the mother's comparison of the two deliveries. Have students report back to the class on their interview and what they learned from their interview.

BIRTHING CENTERS

Take students on a study tour to a hospital with a birthing center. Allow students to tour the facility and have one or more nurses explain the procedures used at the birthing center. Encourage students to ask questions. Following the tour, instruct each student to write a one-page paper summarizing one interesting new concept learned.

HOSPITALS

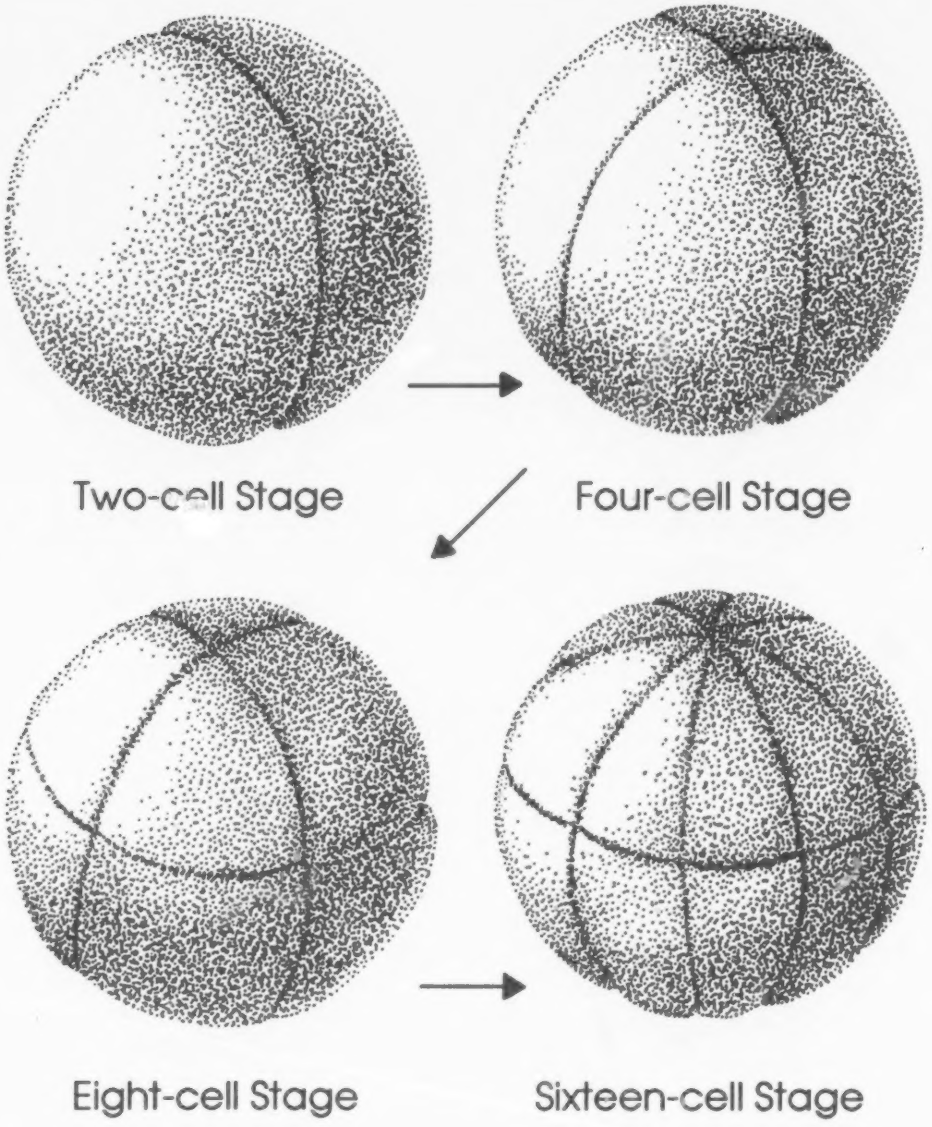
Take students to visit a hospital's delivery facility. Arrange for a doctor or nurse to explain types of delivery services, methods of delivery, and kinds of medication used in childbirth. Prepare students to ask the speaker questions concerning possible complications during pregnancy which may affect the birth of the newborn and specific care and expectations involved with premature babies.

TA 8.1a

STAGES OF PRENATAL DEVELOPMENT

FIRST TRIMESTER

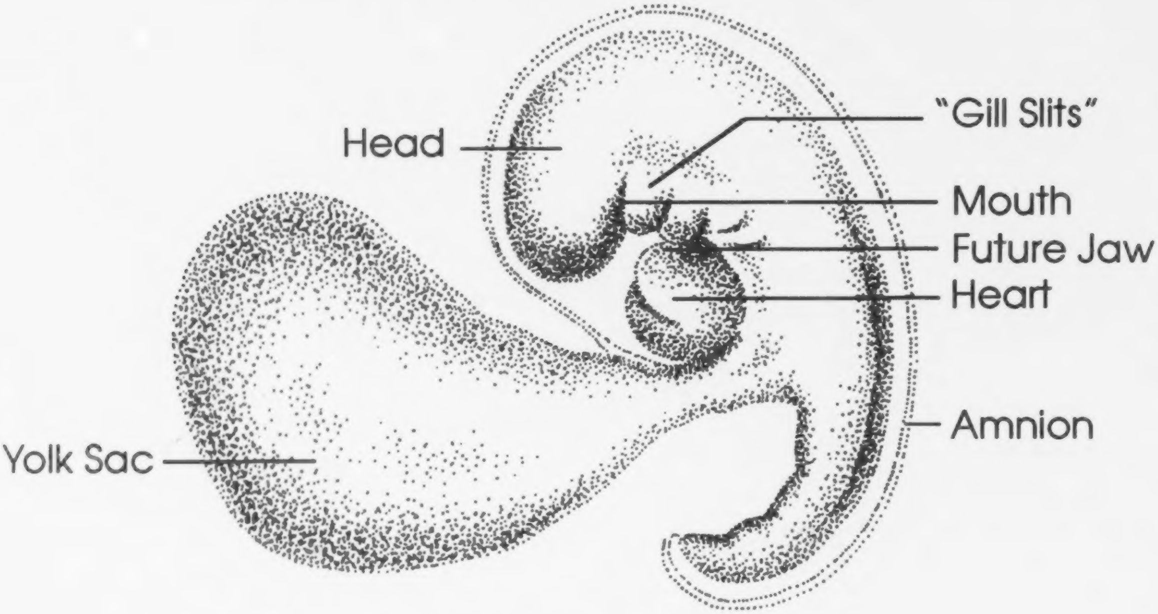
Division of the Fertilized Egg (ovum)


Two-cell Stage
Four-cell Stage
Eight-cell Stage
Sixteen-cell Stage

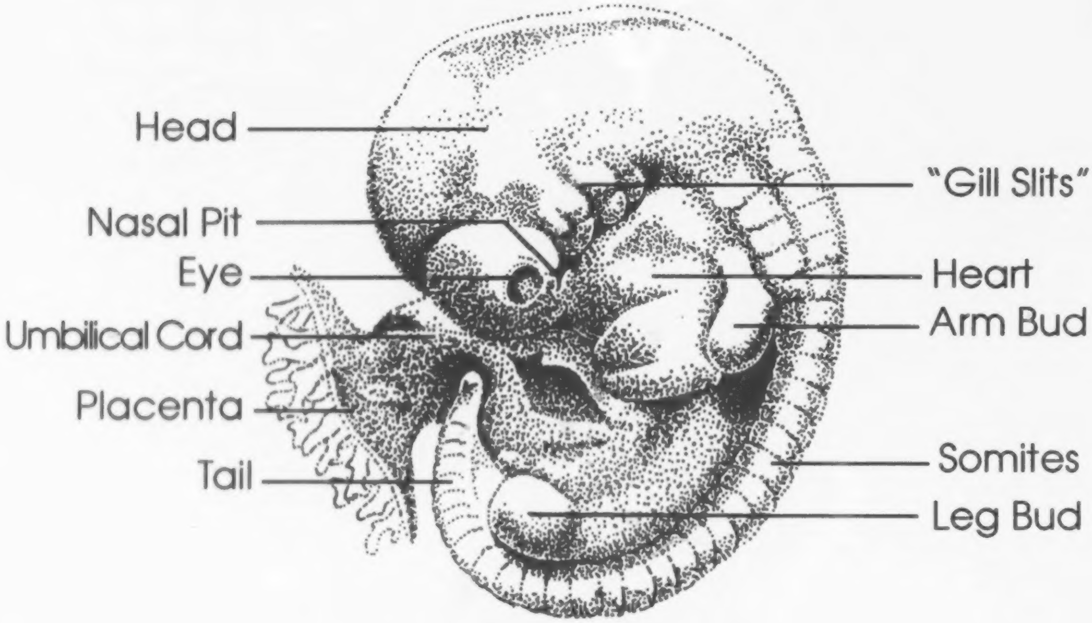
STAGES OF PRENATAL DEVELOPMENT

FIRST TRIMESTER

Development of the Embryo


Head
"Gill Slits"
Mouth
Future Jaw
Heart
Amnion
Yolk Sac

Twenty-five Days After Fertilization

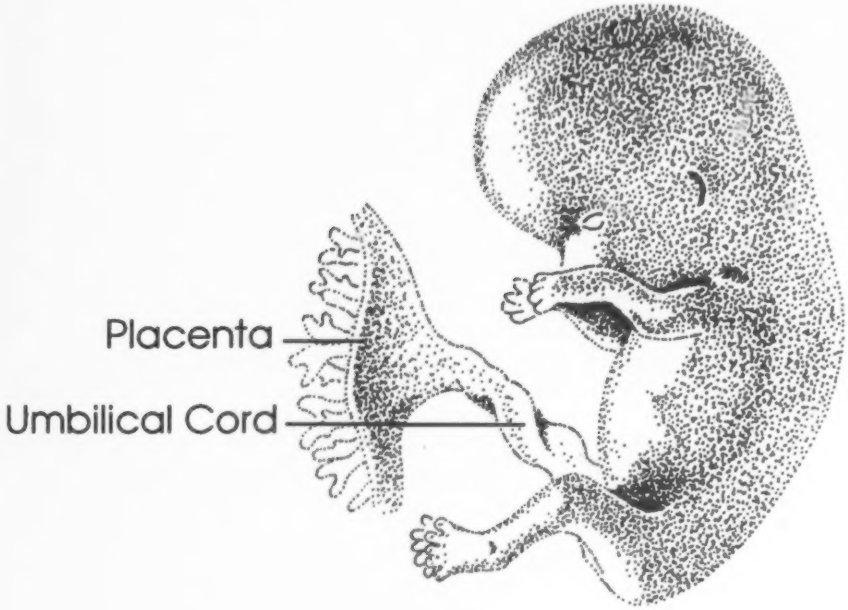

Head
"Gill Slits"
Nasal Pit
Eye
Heart
Umbilical Cord
Arm Bud
Placenta
Somites
Tail
Leg Bud

End of First Lunar Month

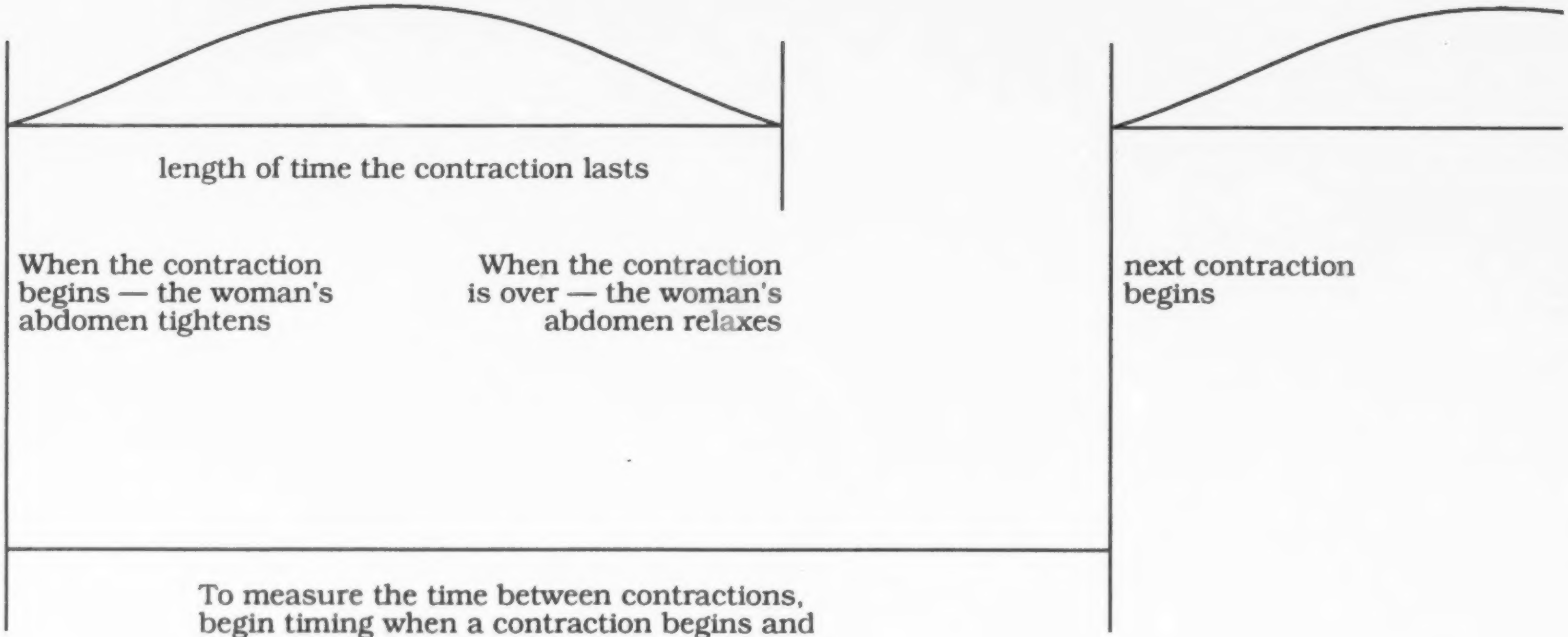
STAGES OF PRENATAL DEVELOPMENT

FIRST TRIMESTER

Development of the Fetus


Placenta
Umbilical Cord

Timing Contractions



length of time the contraction lasts

When the contraction begins — the woman's abdomen tightens

When the contraction is over — the woman's abdomen relaxes

next contraction begins

To measure the time between contractions, begin timing when a contraction begins and stop timing when the next contraction starts.

WHEN YOUR WATER BREAKS

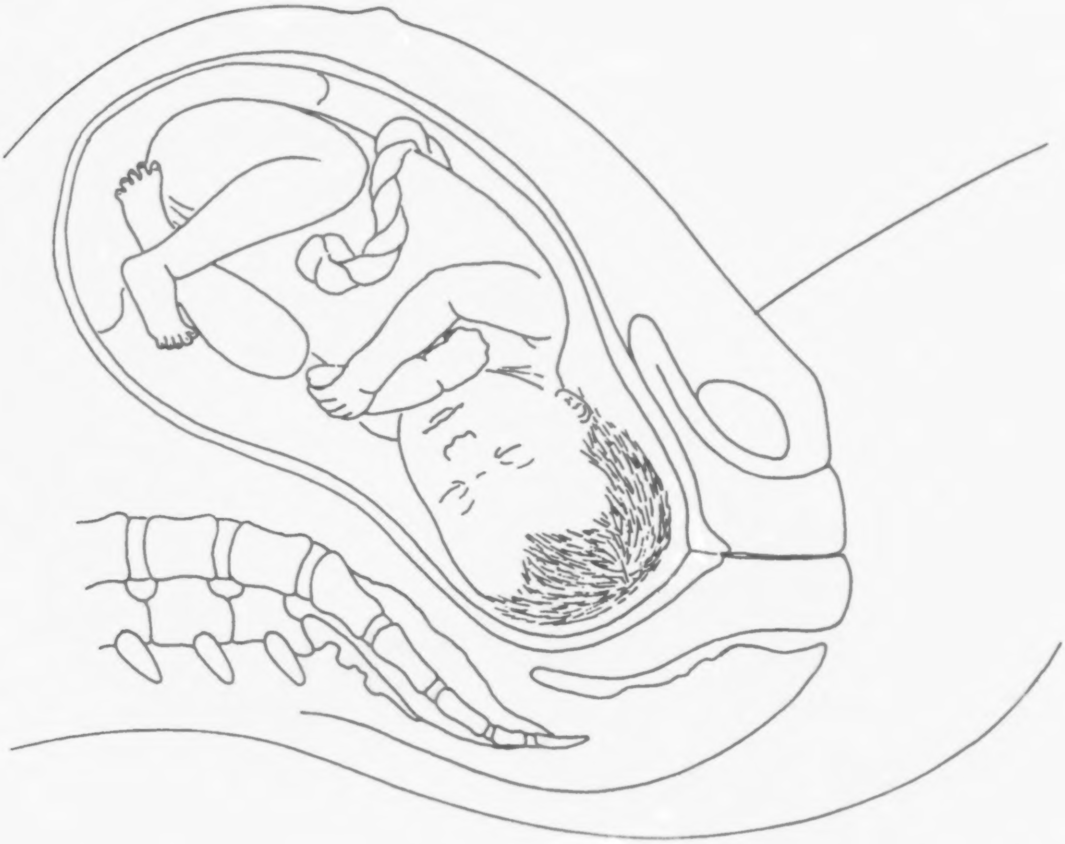
CALL YOUR DOCTOR

OR

GO TO THE HOSPITAL

STAGES OF LABOR AND DELIVERY

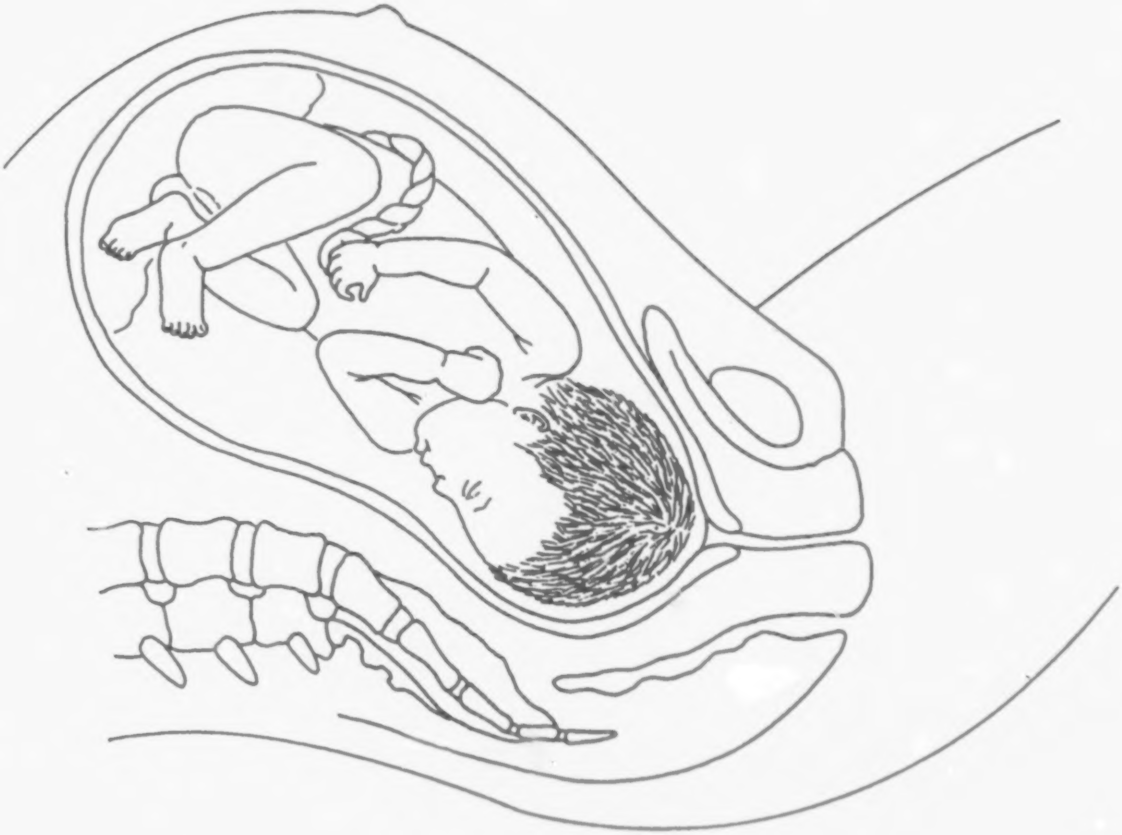
ENGAGEMENT, DESCENT, FLEXION



The first mechanisms of labor following engagement are descent and flexion.

STAGES OF LABOR AND DELIVERY

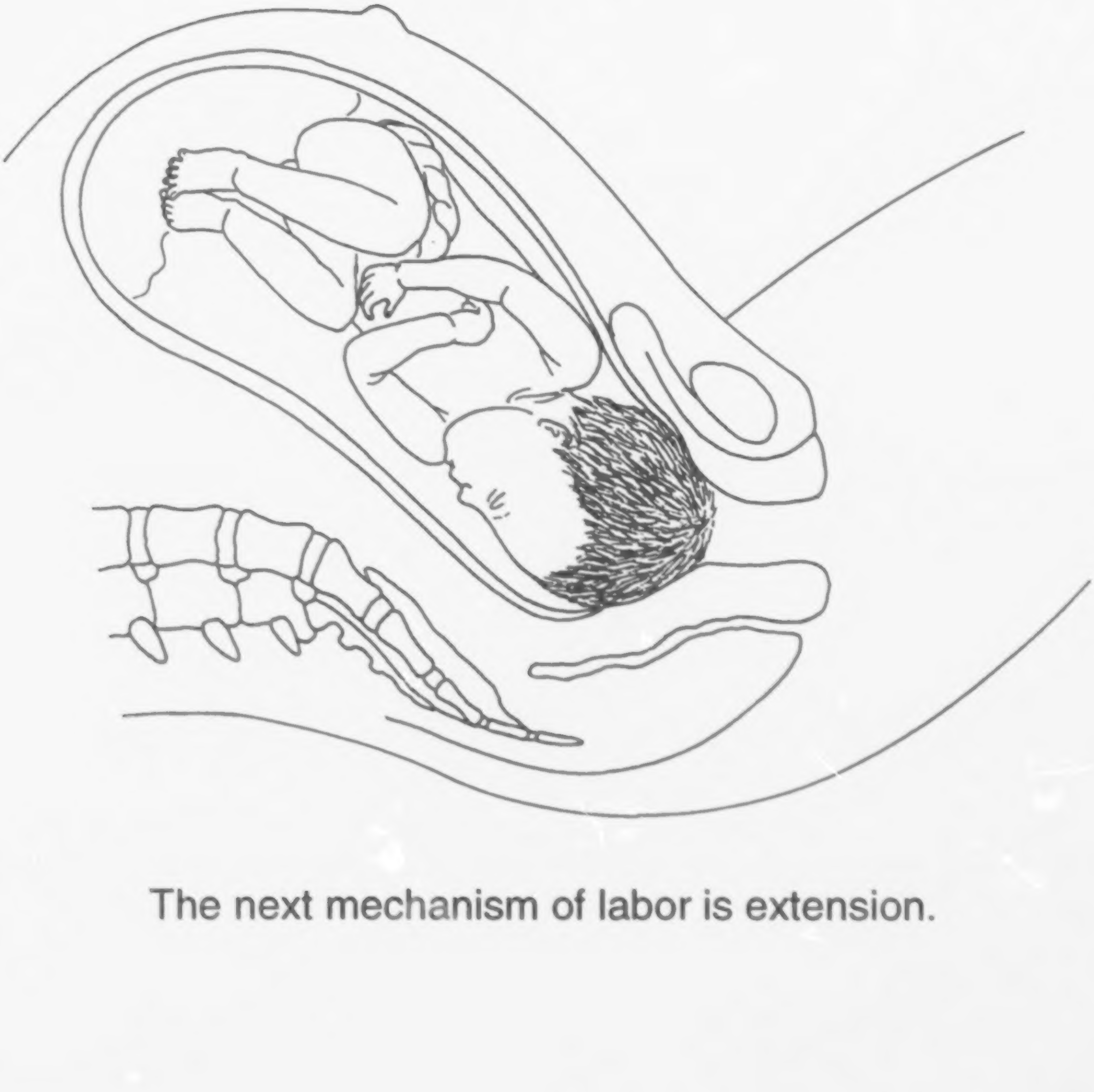
INTERNAL ROTATION



The next mechanism of labor is internal rotation.

STAGES OF LABOR AND DELIVERY

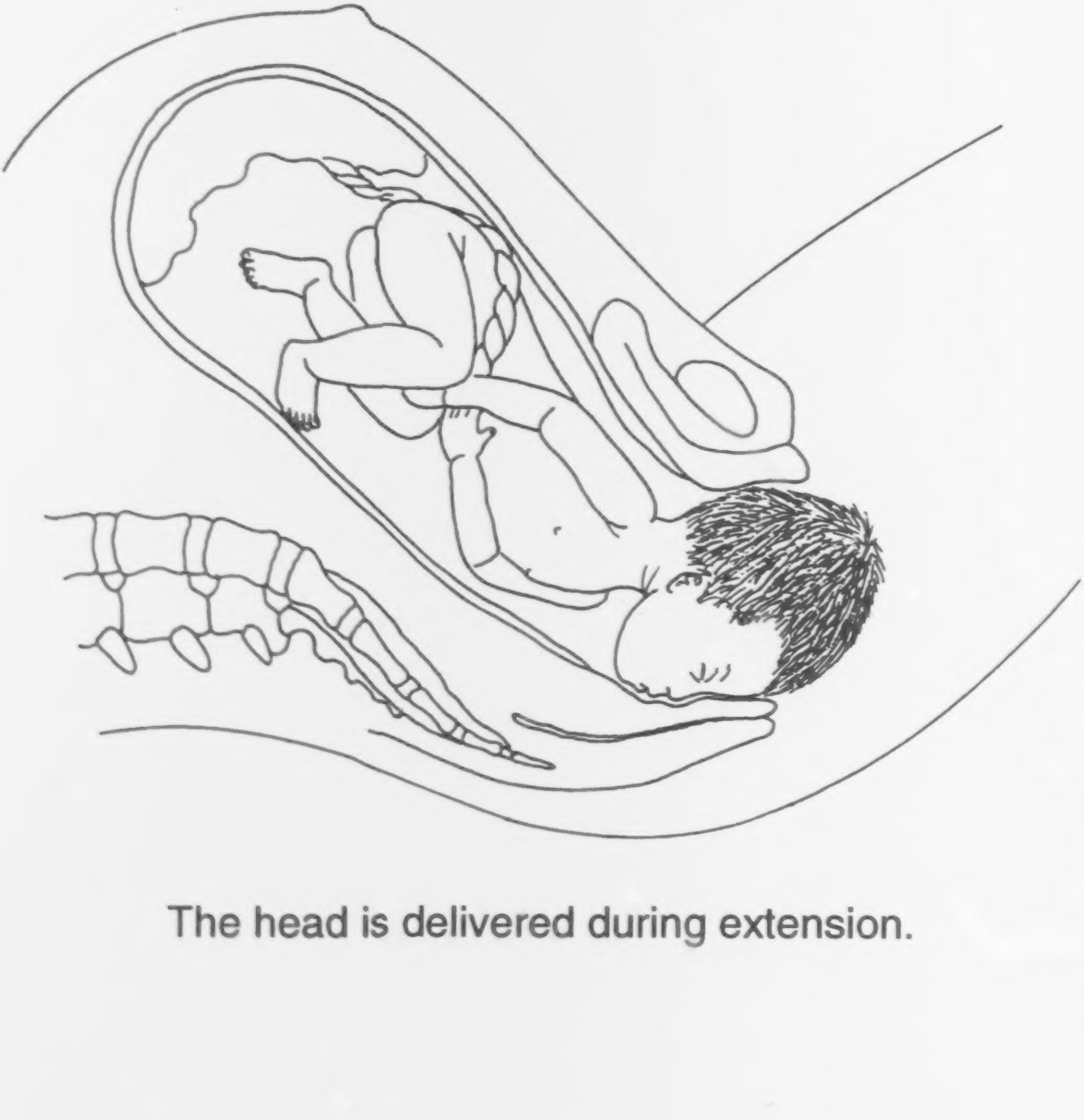
EXTENSION BEGINNING



The next mechanism of labor is extension.

STAGES OF LABOR AND DELIVERY

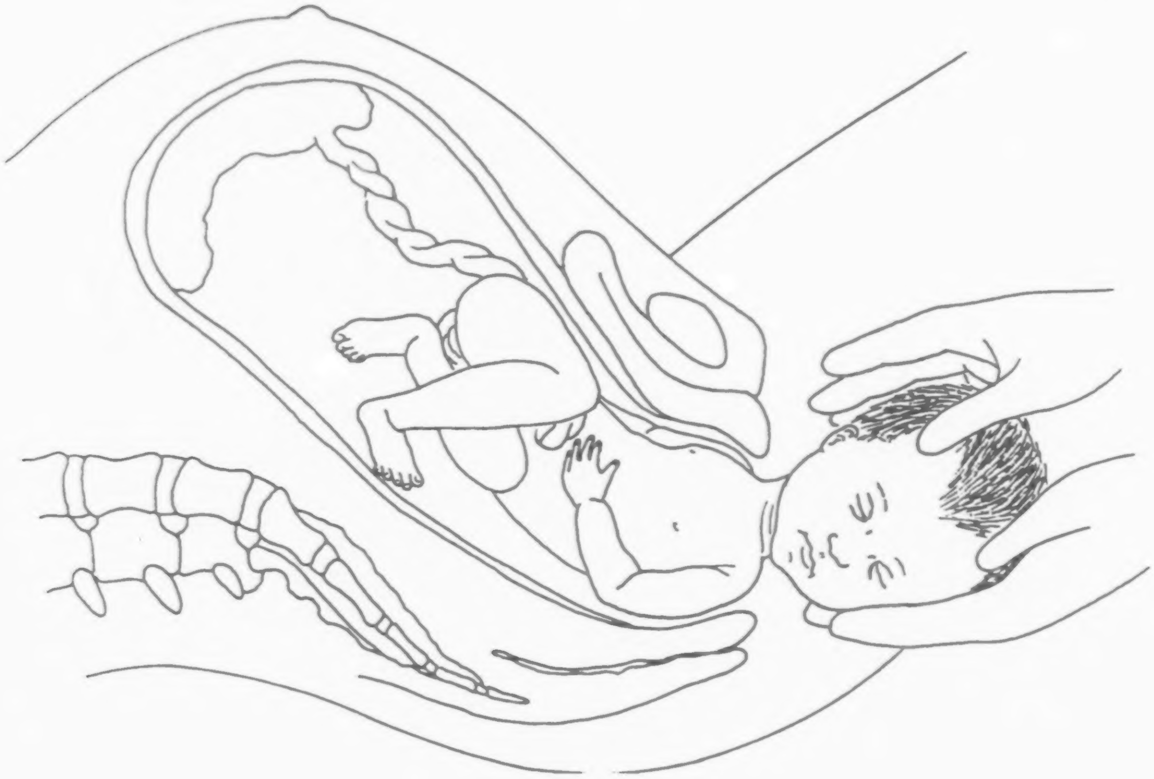
EXTENSION COMPLETE



The head is delivered during extension.

STAGES OF LABOR AND DELIVERY

EXTERNAL ROTATION, EXPULSION



The last mechanism of labor is external rotation and expulsion.

Birth Options Summary Sheet

Childbirth Option	Characteristics	Possible Complications	Effects on Mother	Effects on Infant
Prepared Childbirth				
Childbirth with Medication				
Cesarean Section				
Birthing Centers				
Hospitals				

TA 8.6

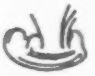
WHAT TO CONSIDER ABOUT PAIN MEDICATION

- LUMBAR EPIDURAL ANESTHESIA
- CAUDAL ANESTHESIA
- SPINAL ANESTHESIA OR SADDLE BLOCK
- PUDENDAL BLOCK
- PARACERVICAL BLOCK
- NARCOTICS
- SEDATIVES
- TRANQUILIZERS
- GENERAL ANESTHETICS

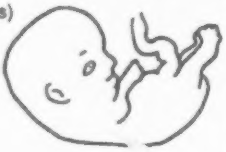
Activity 8-1: Stages of Prenatal Development

Directions: Below each picture, describe the developmental characteristics of the embryo and fetus.

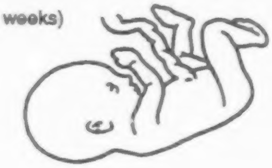
Embryo (4 weeks)



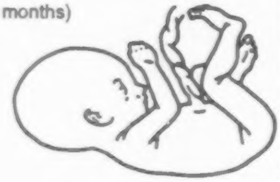
Embryo (8 weeks)



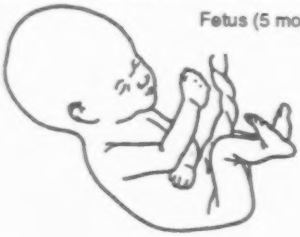
Fetus (12 weeks)



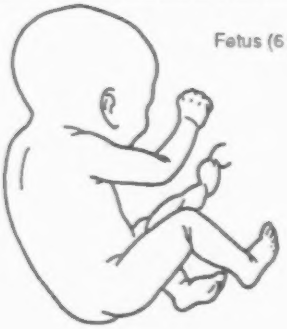
Fetus (4 months)



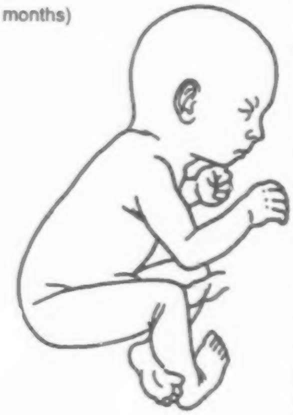
Fetus (5 months)



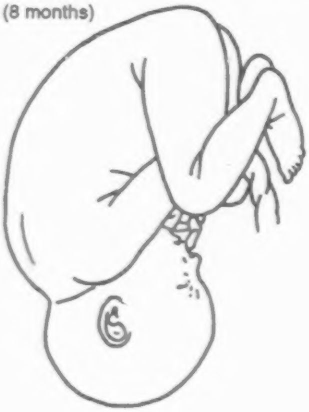
Fetus (6 months)



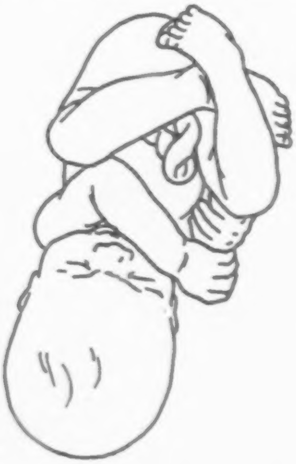
Fetus (7 months)



Fetus (8 months)



Fetus (9 months)



Activity 8-2 Stages of Labor and Delivery

Directions: Place the following terms beside the correct stage according to when that event occurs. Define each term in the space provided once it has been placed in the correct stage. Some words may be applicable for more than one stage.

episiotomy
contractions
afterbirth
crowning
effacement
forceps
dilation

1st Stage of Labor	
2nd Stage of Labor	
3rd Stage of Labor	

Activity 8-3: Childbirth Options

Directions: Consult the Reference Book and other references to answer the following questions concerning medication during childbirth.

1. What does your doctor advise?

2. What medications does the hospital use?

3. How do you expect your labor to progress?

4. Is your baby healthy?

5. How is your health?

6. What is your threshold for pain?

7. What are your expectations of childbirth?

9

Neonatal and Postnatal Care

Essential Elements

(4) Concepts and skills related to prenatal and postnatal care.
  - Determine neonatal care essential to the well-being of the child.(4F)
  - Describe postnatal care essential to the well-being of the mother.(4G)

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Neonatal Testing

Display Teaching Aid 9.1, The Apgar Newborn Scoring System, and ask student volunteers who have had babies to tell the class how their babies scored on the Apgar test or if they were even aware that the test was being done. NOTE: Avoid any competitiveness between students who may think their baby is superior or inferior based on the Apgar test. Ask students to describe some of the measures taken if a baby's Apgar test is zero to three.

Have students read references and conduct research concerning the different types of testing performed on a newborn. Instruct students to write a paper detailing the different types of neonatal testing. QUESTIONS: What neonatal tests does your state require? What types of rare disorders are tested for in the newborn? What diseases may newborns need to be tested for in the future?

Neonatal Care

Have students read references and define the term *neonatal care*. Students also may want to describe the origins of the word *neonatal* or *neonate*. Decide on a classroom definition for the term *neonatal care*.

Have each student list the needs of an infant on a sheet of paper and rank the needs from most important to least important. Lead a class discussion on the many needs of an infant and why each need is important to the well-being of the child. QUESTIONS: Why does an infant need to be touched? What are the main reasons an infant cries? How can a crying infant be soothed?

Have students draw a line down the center of a piece a paper so they have two columns. The heading of one column can be *Mom and/or Dad* and the other *Hospital*. Under the column *Mom and/or Dad*, students should list the type of care they gave or plan to give their baby the first day the baby was/is born. In the other column, *Hospital*, have students list the care the caregivers at the hospital gave or are expected to give their baby. Ask students who have already delivered their babies to describe anything they would have done differently on the day their baby was born. Also have students describe anything they would have had the caregivers at the hospital do differently on the day their baby was born.

Lead students to brainstorm words which describe the prenatal environment. Then ask students to compare the environment of the newborn to the conditions experienced prenatally. QUESTIONS: What physical adjustments does the neonate have to make? How can parents/caregivers help newborns make the adjustments to a new environment? Why is a newborn sometimes unable to make adjustments alone?

BONDING

Have students collect pictures from magazines of parents and babies bonding. Divide the class into groups and have each group create a poster on bonding. Instruct each student to write a statement which describes personal feelings about bonding with a baby, and have students incorporate these statements into their poster presentation. Ask each group to make a creative presentation to the class.

Have students research the tragedy of a baby suffering from failure to thrive. The January 1991 issue of Reader's Digest has an article by Lowell Ponte entitled, *The Sense That Shapes Our Future*, which would be a good reference for students. Instruct students to write a paper on the research they have done and the preventative measures used with babies to avoid the suffering caused from failure to thrive.

Give several students a container of modeling clay. Instruct one-half of the students to leave their modeling clay out of the container on top of the television or outdoors. Instruct the other students to play with their modeling clay keeping it moist and pliable. Have students return to class with their containers of modeling clay the next day or several days later. Have students describe the condition of their modeling clay and how it was cared for. Then assist students in relating the handling of the modeling clay to the handling of a baby. QUESTIONS: Why is it important to touch and cuddle your baby? What health problems might a baby suffer who has not been played with and caressed as an infant?

FEEDING

Have students list the advantages and disadvantages of breast-feeding and bottle-feeding. Beside the disadvantages, have students list ideas to change the negative into a positive. Ask students to state personal opinions on breast-feeding and bottle-feeding.

Bring several cans of formula to class and have students examine the ingredients listed on the cans. Have students research the vitamins, minerals, and other substances in mother's milk. Ask students to identify whether formula or breast-feeding is healthier for their baby. Stress that breast-feeding is not the best feeding method for all mothers. QUESTIONS: How has baby formula improved over the years? How do the ingredients differ between brands of formula? What is the current trend among teenagers concerning feeding their babies? among older mothers?

Read the following case study to the class. Have students react to the situation by discussing answers to the questions below.

> Donna wants to breast-feed her new baby. She lives at home with her mom and two older brothers. Her mom doesn't think it is wise for Donna to breast-feed because the older boys and their friends are always around the house.
>
> - What should Donna do about feeding her baby?
> - What could her family do to help in this situation?
> - Who could Donna turn to for support?

Have students describe personal experiences of breast-feeding. Include both positive and negative experiences. QUESTIONS: Why is a peaceful, relaxing environment helpful when breast-feeding? How do antibodies in the mother's milk help a baby?

Display the various types of bottles available for babies. Have students cast votes for the bottles they give to their babies, and then have students tell why they believe a certain bottle is best. Bottles in the shapes of baseballs or soccer balls are some unusual examples.

Have students individually price formula (the brand they use if applicable). Have students calculate the amount of formula needed for a baby until the baby is one year of age. Then have students use the price of the formula to determine how much money will be spent on formula for a baby for a day; a week; and a year. QUESTION: How might the price of formula affect the decision to use it? Why should a baby not drink cow's milk until he or she is around one year old? Invite a sales representative from a baby formula company to speak to the class about the safety and quality of baby formula. Have students ask specific questions of the speaker about the formula they are feeding their baby or plan to use, the cost of formula, when they can quit feeding their baby formula, and any allergies their baby might develop from formula.

DIAPERING

Have students list the advantages and disadvantages of cloth and disposable diapers. Ask students to state personal opinions on the type of diaper that has worked best for their child.

Have students conduct research on the price of cloth diapers laundered at home, cloth diapers from a diaper service, and disposable diapers. Students must first determine the age of the baby they will be diapering in order to determine approximately how many changes will need to be made. (Students will probably choose the actual age of their own baby). Students should create a chart including all of the expenses involved with each type of diaper.

Show students the diapering scenes from the movie, *Three Men and A Baby*. Ask students, particularly fathers, to describe their first encounter with changing diapers and how they learned about changing diapers. QUESTIONS: Do men and women view changing diapers differently? If so, in what way?

Ask one or two students to demonstrate how to diaper a baby using either a doll or a real baby. Show a videotape describing the proper methods for changing a baby's diaper. QUESTIONS: If using cloth diapers, why is it important to place two fingers between the baby and the diaper pin? Why should you have everything you need at your fingertips when changing a baby's diaper?

Have students read references and find a definition for *diaper rash*. Lead a class discussion on the best ways to prevent and cure diaper rash. Have several medications for diaper rash on display and have students read the ingredients. QUESTION: When should you consult your pediatrician about diaper rash?

Distribute pamphlets, provided by a diaper service or by corporations who manufacture disposable diapers (such as Proctor and Gamble), which discuss diaper rash. Have students read the pamphlets and summarize what they have learned in a brief paper.

CLOTHING

Have each student bring an item of clothing that their baby wore or will wear when the baby is/was one to two months old. Have students create a bulletin board or display case with all of the clothes. QUESTIONS: What are some of the items that an infant will need the most? What types of fabrics are the most practical and durable for infant clothing?

Ask students who have babies to take inventories of their children's clothing and accessories. Have students categorize the items by the number of times they have been worn. Groups of clothing and accessories can be labeled very useful, somewhat useful, and not at all useful. Ask students to write the items in each of the groups and share their lists with the class. The lists can be compiled into a notebook for classroom use. Students who are still expecting their babies can refer to the notebook when preparing the baby's wardrobe.

Show a videotape or prepare a demonstration on the proper way to change a baby's clothes. Demonstrate how to take off and put on several types or items of clothing. Give examples of clothing items that would not be appropriate for infants.

BATHING

Instruct students to read references and define the terms *fontanel* and *cradle cap* and how these conditions should be cared for during a bath. Ask students who have had babies with cradle cap to describe the procedures used to cure the condition.

Have students shop in catalogs or stores for the most economical and easy-to-use baby bath tub. Have students collect information on different types of tubs and compare and contrast the advantages and disadvantages of each. QUESTIONS: How were our ancestors bathed as babies? How has modern technology improved the process of bathing babies?

Have students make a checklist of all the things needed to give a baby a bath as well as bath time safety rules that should be followed. Have students design the list in a brochure format, have it printed, and distribute to agencies and organizations that might benefit from the brochure.

Ask one or two students to demonstrate how to give a baby a sponge bath. Show a videotape that demonstrates the proper methods for bathing a baby without getting the baby completely wet. The information presented also should demonstrate the proper way to clean around the umbilicus and a circumcised penis. Discuss what soaps, powders, and ointments should and should not be used on a baby. QUESTION: When is it best to use a sponge bath rather than a tub bath?

Ask one or two students to demonstrate how to handle a baby if giving her or him a bath in a sink. Be sure students show the correct grip

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recommended for bathing a baby. QUESTIONS: How often should you bathe your baby? How do you test the temperature of the water? What other safety precautions should be followed?

SLEEPING

Assign students to participate in a role play showing the different sleeping patterns of a newborn baby. One student can be the baby while one or more students can act as the parents. The student/baby should move around and cry at frequent intervals, while the parent is dragging out of bed to care for the baby. Parents should try a variety of things to calm the baby, and the baby should be content with certain things at different times (such as comforting, a bottle, or being moved in his or her sleeping position). Students may want to present their role play as a pantomime.

Lead a class discussion on how much sleep a baby needs. Include in the discussion good ideas for helping a baby fall asleep and at what age babies can sleep through the night. Students might be able to relate their experiences with their own child.

Describe the following sleep patterns and ask students to decide if the pattern is fairly normal or if the parents of these babies need to worry about their babies' sleep patterns.

- Rob's newborn baby boy sleeps 10 to 12 hours a day, and Rob never gets to see him awake.
- Carrie's six-month-old baby takes two naps during the day and still sleeps through the night.
- Angela's two-year-old still wakes up two or three times during the night wanting to be fed.

Postnatal Care for Parents

Ask expectant parents to imagine what the first few weeks will be like after the birth of a baby. Have them describe how they believe they will feel, how they will react to family and friends, and what it will be like to care for a baby. Divide the class into groups and have each group role play a typical day with a newborn infant. Assign parts in each group and give each group a specific day to enact their situation. For example, one group may role play the first night home from the hospital with parts assigned appropriately.

Invite a panel of parents to speak to the class about the postnatal care they needed and received. Students could be assigned to invite the guests of their choice and then introduce the guests to the class. The students should have questions prepared on note cards to ask the panel. The panel should include both mothers and fathers.

Display a transparency of Teaching Aid 9.2, Postnatal Adjustments. Have students write a description of how they made each of the adjustments listed on the teaching aid or how they think they might adjust. Have students cite specific incidences and experiences if possible.

EMOTIONAL CHANGES

Lead the class to brainstorm the many different emotional changes that new parents experience. Ask a volunteer to write the ideas on the chalkboard or overhead projector. Beside each change listed, have other students write helpful hints to overcome certain emotions and any specific causes for those emotions. QUESTIONS: What are common emotional changes experienced by new parents? How are the parents' emotional adjustments related to their baby's well-being? How does being informed and prepared help ease the adjustments after having a baby?

REST

Write the terms *labor* and *rest* on the chalkboard or overhead projector. Under the heading *labor* ask students to list the many things about postnatal care that can be considered labor. Under the heading *rest* have students list all the reasons a new mother needs rest during the postnatal period. Have students analyze the columns determining the relationships between rest and labor. QUESTIONS: What might a new mother suffer from if she does not get enough rest? What are some of the things a new mother can do to get more rest?

Mother's Physical Changes

Ask students to cite areas of personal concern for the mother during the postpartum period and the reasons for those concerns. Concerns include exercise, nutrition, weight, emotions, sleep, and rest. QUESTIONS: How may the mother feel mentally and physically for about six weeks after the birth of the baby? What physical and emotional adjustments are necessary during this period? What may be some causes of depression in the mother after she gets home? How can the other family members contribute to positive adjustment?

Have students construct a time line or calendar for the postnatal period based upon their own knowledge or information found in references. Students should note physical changes (such as return of pelvis to normal position) and things the new mother should do (such as exercise and eat the proper foods) each week during the postnatal period. QUESTION: Why is a medical checkup for a new mother important at the end of the postpartum period?

WEIGHT LOSS

Write the following statement on the chalkboard or overhead projector and have each student write a one paragraph response: "One safe way for a new mother to lose weight quickly is to nurse her infant and not eat calories necessary to produce milk. This can be done by not consuming more than the recommended calorie intake for a nonlactating woman her age, weight, and body build. FACT OR FICTION?" Have student volunteers share their paragraphs with the class. Use the student paragraphs to lead a class discussion on weight loss after delivery.

BREAST CHANGES

Have students read references and define the terms *colostrum, engorgement, blocked milk duct,* and *infectious mastitis.* Ask students who have suffered from any of these problems if they would feel comfortable telling the class about their experiences. List any other problems with the breast that may not have been defined. Lead a class discussion on the cures and preventative measures for these particular problems with the breasts. QUESTIONS: Why is it a good idea to wear a supportive bra? What kinds of medicine are available to take if a mother chooses not to breast-feed?

OTHER CHANGES

Display a transparency of Teaching Aid 9.3, Mother's Physical Changes. Assign each student a different physical change that mothers go through after giving birth. The students should read references about that change and write a summary of what they have learned. NOTE: Students who have not yet delivered should be given more background information and additional information from those who have delivered.

Apgar Newborn Scoring System

Sign	Score		
	0	1	2
Heart Rate	Not present	Less than 100 beats per minute	More than 100 beats per minute
Respiration	Not present	Slow, irregular breathing	Strong cry/even, regular breathing
Muscle Tone	Limp	Some movement of extremities	Active motion
Reflex Response	Not present	Frown/grimace[a]	Sneeze/cough/cry
Color[b]	Blue or pale	Blue hands/feet	Pink

[a] When stimulated by suction in nose

[b] If the natural skin color of the child is dark, other tests for color are applied.

TA 9.2

Postnatal ADJUSTMENTS

Economic

Physical

Psychological

Emotional

Personal Routines

TA 9.3

Mother's Physical Changes

- Resting
- Healing
- Losing Weight
- Breast Changes
- Discharge

Activity 9-1: Neonatal Testing

Directions: Read the case studies and assign scores on the Apgar scale based on the descriptions below.

Alicia's baby was born two days after her original due date. Her baby was named Adam; he weighed eight pounds two ounces and was twenty-two inches long. He has a full head of black hair and entered the world screaming. He is pink in color and is moving his arms and legs easily. How would you rate Adam on the Apgar test?

What is Tested	Points Given		
	0	1	2
Heart Rate			
Respiration			
Muscle Tone			
Reflex Response			
Color			

Jennifer has been born three weeks early. Her mother, Amy, is concerned about her lack of movement shortly after giving birth. She seems blue in color to Amy and is not active at all. Amy thinks her heart is beating strongly, but the doctor says it is not as strong as it should be. Jennifer is not breathing very regularly and her arms and legs seem to be tense. How would you rate Jennifer on the Apgar test?

What is Tested	Points Given		
	0	1	2
Heart Rate			
Respiration			
Muscle Tone			
Reflex Response			
Color			

Adam's Apgar Test _______
Jennifer's Apgar Test _______

Compare your answers with those of your classmates.

Activity 9-2: Neonatal Care

Directions: In the blanks below, describe the changes that a baby must make once he or she is born.

Temperature Changes

Breathing

Eating

Eliminating waste

Activity 9-3: Neonatal Care

Directions: Complete your baby's vital statistics chart by filling in the blanks with the correct information.

Baby's Name:

Baby's Birthday:

Place of Baby's Birth:

Hospital Where Baby was Born:

Baby's Pediatrician's Name: Phone number:

Mother's Health Care Provider's name: Phone number:

Baby's Weight at Birth:

Baby's Length at Birth:

Baby's Head Circumference:

Baby's Blood Type: Mother's Blood Type: Father's Blood Type:

Baby's APGAR Score One Minute:

Baby's APGAR Score Five Minutes:

Baby's Birth Marks:

Place a photograph or draw a picture of your baby here.

Activity 9-4. Postnatal Care for Parents

Directions: Describe your feelings by completing the following sentences.

When I first saw my baby I

The first thing I said to my baby was

When baby came home from the hospital I thought I would

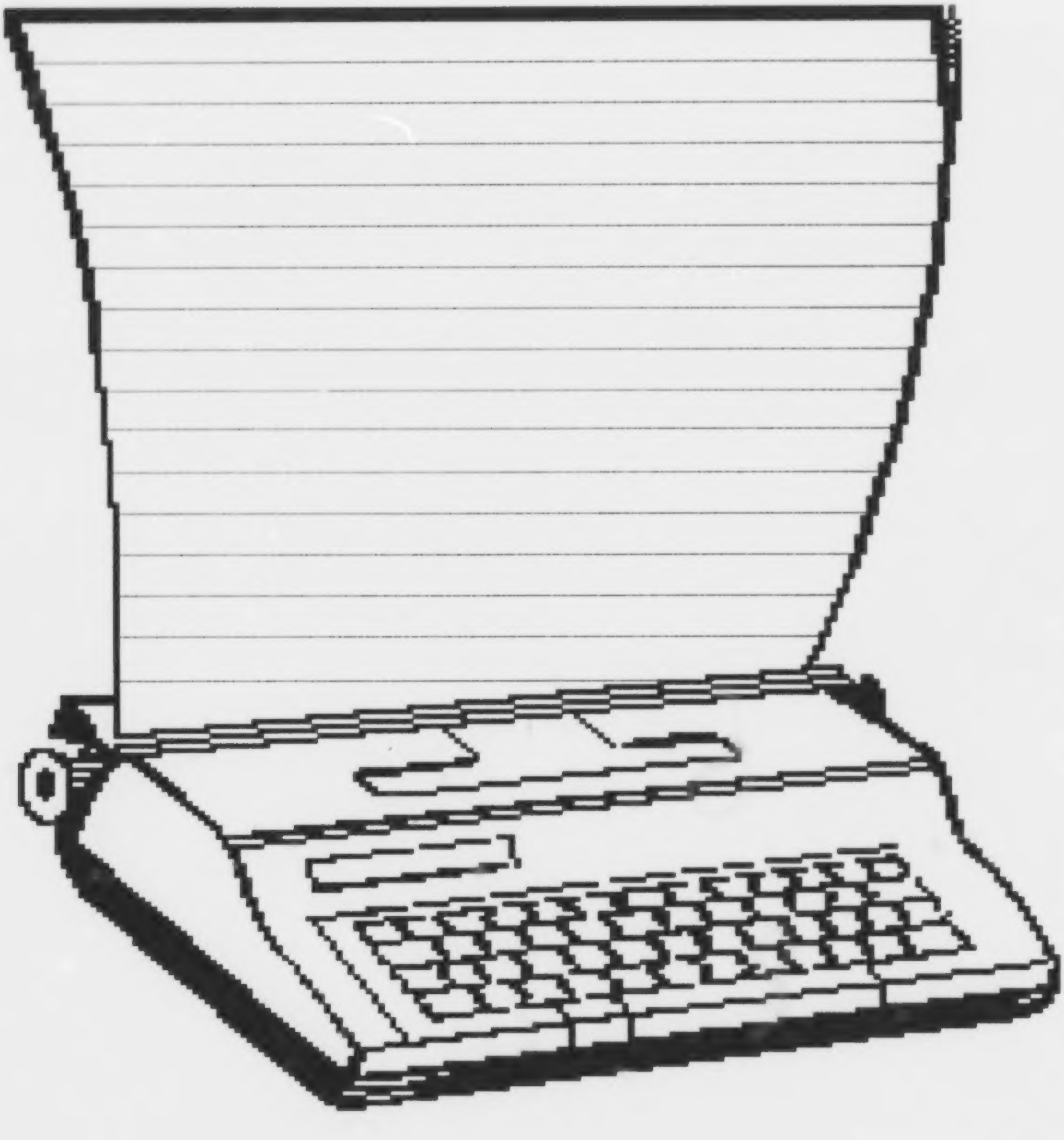
The people who helped the most once my baby came home from the hospital were

I think postpartum depression is

Having a baby is

Activity 9-5: *Mother's Physical Changes*

Directions: In the space provided, write a paragraph to summarize the physical changes a woman experiences after giving birth.



10 Personal Health

Essential Elements

(5) Concepts and skills related to the health and well-being of parents and children.

- Summarize ways to obtain various health services. (5A)
- Outline principles of good personal health for mothers and children. (5B)

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Health Care Services

Have each student draw an outline of her or his hand on paper and label it "The Helping Hand." Have students use references to locate the names of agencies and organizations that provide health care services. Instruct the students to list the agencies and organizations on the outlines of their hands. Lead a class discussion on how the students feel about accepting help and aid from the government or outsiders versus receiving help and aid from their families.

Role play situations that students might encounter if they were to use one of the health care facilities. For example:
- scheduling an appointment
- explaining an illness
- asking advice for a specific problem

EXPECTANT MOTHERS

Using the yellow pages of a telephone directory, locate various private and government health care agencies in the community that provide services to expectant mothers. QUESTION: Which of the agencies are based on a family's income or ability to pay? Investigate what the available agencies do and what their services are. Ask each student to write an investigative report on one agency. The information should include the agency's purpose, sources of funding, a contact person, location, and how its services could benefit the student.

Invite a speaker from a government agency such as Medicaid or the health department to talk to students about the cost of prenatal care and how those costs can be reduced. Have the speaker bring sample forms that may be necessary for students to receive the assistance they are addressing. The speaker can assist students with filling out the specified forms.

CHILDREN

Invite a pediatrician or family doctor to speak to the class about becoming a new parent and raising a young child. Guide students in preparing questions prior to the speaker's arrival. QUESTIONS: What characteristics does it take to make a good parent? What are some common health problems that health care providers see in young children? As parents, how can students help assure their children healthy lives?

Arrange for the class to view the movie *Daddy*, available from ABC Television Network, to emphasize various aspects of health related issues. Contact your local ABC affiliate station on how to secure a copy of the movie. The movie focuses on teen parents and the problems they face in finding health care providers, maintaining proper nutrition, handling emotion and stress, and caring for a sick child. Discuss these issues and how the characters in the movie were able to deal with their situation. Compare their solutions with how the students feel they would have coped.

GENERAL HEALTH SERVICES

Lead students to brainstorm a list of all of the health care services the students can think of in the community or nearby. Have a student volunteer write the list on the chalkboard or overhead projector. Divide the class into cooperative learning groups and assign each group one of the health care services from the list. Instruct each group to research the health care service and report their findings to the class.

Display a city or county map in the classroom. Locate a selected list of private and government health care agencies. Explain what each agency provides, and place a sticker or sign over the location of each on the map. QUESTIONS: If you needed the services of one of the health care agencies, how would you get there? Would you walk? ride the bus? use your own transportation? Under what circumstances might you need the services of each agency?

Principles of Good Personal Health

List some health risks involved for both school-age parents and their children on the chalkboard or overhead projector. Have students copy the list and read references to determine how the risks of adolescent pregnancy can be eliminated or minimized. As a follow-up activity, ask a medical professional to speak to the class on the risks of adolescent pregnancy.

Write on small strips of paper the following five principles of good health: nutrition, exercise, rest, medical care, and hygiene. Place the principles of good health inside of five inflated balloons, and springboard discussion by popping each balloon to introduce the topic to be discussed.

Use a child's bank and play money to illustrate the principles of good health. Label several play money bills with each of the principles and deposit each bill in the bank, explaining how each one is a part of a wellness plan. Point out that students can invest in the health of themselves and their children by following good nutrition, exercising properly, getting enough rest, seeking appropriate medical care, and practicing good hygiene.

Distribute Teaching Aid 10.1, Case Studies-Principles of Good Health, to the class. Divide the class into five groups, and assign each group one of the case studies. Have groups analyze each situation, point out the principles of good personal health involved, and recommend changes parents should make to ensure the health of their children.

Ask students to name the principles of good health. Conduct a class discussion in which students respond to the following questions:

- Why should a woman start preparing for a baby before pregnancy?
- What should the role of the father be in promoting good health during the expectant mother's pregnancy?
- How can the father participate in the expectant mother's prenatal care?
- Why should the father maintain the principles of good health for himself?

Use Teaching Aid 10.2, Signals For Good Personal Health, to lead a class discussion on how each signal is significant to health, well-being, and health care services. For example: STOP - stop smoking, stop eating/drinking caffeine. The signals could also be used as a bulletin board.

Have students construct a mobile or poster emphasizing principles of good health. Visuals could be placed in the classroom, cafeteria, halls, library, or places where others could also learn.

Invite a health care professional from the March of Dimes, Family Clinic, or the American Heart Association to address the class about school-age pregnancy and the need for good health practices. Guide students in preparing questions prior to the speaker's arrival.

NUTRITION

Display Teaching Aid 10.3, Signs of Good and Poor Nutrition. Lead a class discussion based on the information provided in the teaching aid. QUESTIONS: Why is it important to eat a balanced diet? Could these signs indicate problems other than poor nutrition? Invite a dietitian or other health professional to speak to the class about common dietary problems of young children. The speaker might address the problems of obesity, iron-deficiency anemia, or tooth decay.

EXERCISE

Show a video on the importance of exercise during pregnancy and other ways to maintain wellness. Examples of videos include: *Childbirth Preparation Program*, *Pregnancy Exercise Program*, and *Postnatal Exercise Program* that are available from Cambridge Home Economics. Another choice could be *Nutrition and Exercise for the 90's* available from Sunburst Communications.

REST

Lead a class discussion on the different types of sleeping equipment needed for infants and young children and the advantages and disadvantages of each. QUESTIONS: What types of sleeping equipment are preferable for infants? toddlers? preschoolers? Why?

Discuss with students the importance of sleep and rest for adults and young children. Explain the differences in sleeping patterns of infants, toddlers, and preschoolers. Point out also that individual children and adults vary in their needs for sleep and rest. QUESTIONS: Do all children need the same amount of sleep? Do all adults need the same amount of sleep? Why?

MEDICAL CARE

Invite a panel of medical personnel to participate in a discussion on regular medical care. Have the panel address the importance of regular medical checkups. Guide students in preparing questions prior to the panel discussion. QUESTIONS: Why is it important to receive an annual physical? Why is it important to have a regular health care professional? Why is it important for children to be immunized? Why is it important for adults to keep their immunizations updated? What complications could occur if they are not?

Have students research proper dental hygiene for young children. Instruct students to summarize their findings and give a brief report to the class. QUESTIONS: How can tooth decay be prevented? Why is it important to care for baby teeth as well as permanent teeth? How can parents promote good dental health in their children? Why is it important for parents to model proper dental hygiene?

HYGENE

Have students prepare personal hygiene kits for their children. Each kit should include an attractively decorated container, as well as the supplies which should be kept in the container. Supplies could include a comb, brush, toothbrush, toothpaste, baby wipes, change of clothes, and other age appropriate items. Have students display their kits in class. QUESTIONS: What other items might be placed in the kits? Will the items in the kit change as your child grows older? Who should provide your child with these supplies?

Promoting Good Health

Invite a public health nurse to visit the class and discuss conditions necessary to promote health and hygiene in the home. Guide students in preparing questions prior to the speaker's arrival.

Lead a class discussion to review the basic learning theories of early childhood education. Emphasize the fact that modeling and positive guidance techniques are the most effective ways to promote good health habits in young children. QUESTIONS: How often do you clean your home? How often do you take out the trash? Do you and other family members always have clean clothes to wear?

Display Teaching Aid 10.4, Clean Hands. Use the teaching aid to lead a class discussion on the importance of students teaching their children how and when to wash their hands.

CHARACTERISTICS OF A HEALTHY CHILD

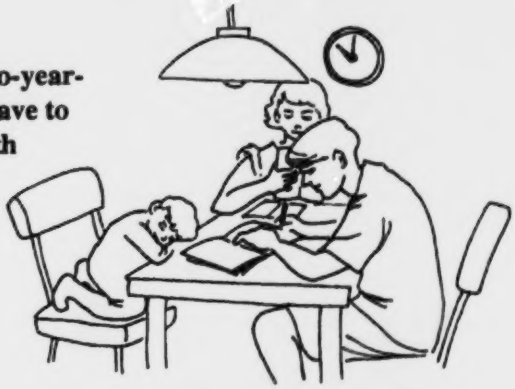
Divide the class into cooperative learning groups. Have each group pretend that they are a family and live in the same home. Have each group devise a plan for their family to follow in case the heating, cooling, or electrical system should fail in their home. Have each group present their plan to the class. QUESTION: How might the students' plans work in various housing situations?

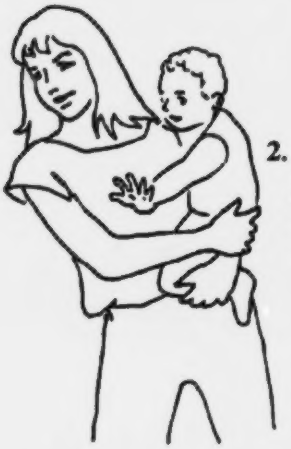
Provide students with copies of Teaching Aid 10.5, Health Check for Children. Lead a class discussion about the importance of checking the health of their children on a daily basis. QUESTION: If you observe your child and think he or she may be ill, what should you do?

Lead a class discussion about the importance of daily communication between parents and caregivers in promoting the health of children in child care. QUESTIONS: Why is it important to discuss your child's daily health with the child's secondary caregiver? What should be done if your child becomes ill while in the care of a secondary caregiver?

CASE STUDIES - PRINCIPLES OF GOOD HEALTH

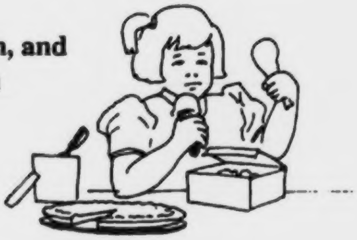
1. **Derek and Sarah are the parents of Jeffrey, a two-year-old boy. They are still in high school and often have to stay up late to do homework. Jeffrey stays up with his parents and usually gets to sleep around eleven o'clock.**



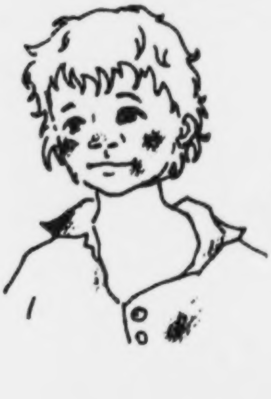


2. **Amanda is the mother of Jeremy, a one-and-one-half-year-old. Jeremy still does not know how to walk. His mother insists on picking him up and carrying him everywhere. Jeremy is rather large for his age and is probably ten pounds overweight.**

3. **Jessica is a three-year-old who loves to eat pizza, fried chicken, and chocolate ice cream. She is an active child but is headstrong in getting her own way. Her mom and dad spoil her.**



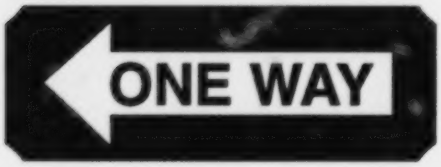
4. **Julissa is the mother of Erin, a ten-month-old infant. Julissa started her daughter with her immunizations but soon decided they were not really necessary. It was so much trouble taking her to the clinic and waiting to see the nurse.**

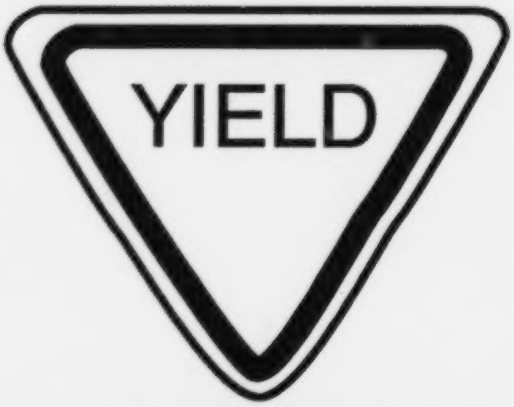


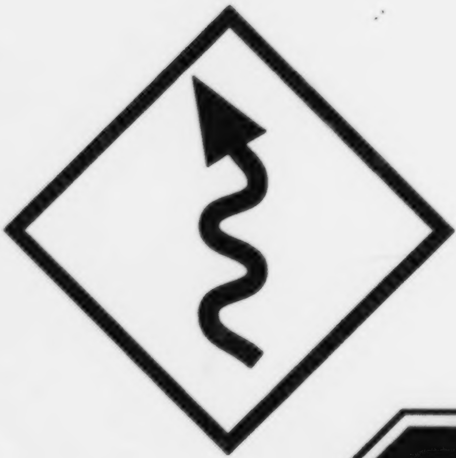
5. **Mike is a four-year-old preschooler. He started to Pre-K a few days ago. The school nurse called Mike's mom and said that he could not return to school until he bathed, put on clean clothes, and cut and washed his hair.**

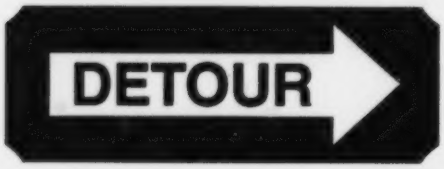
TA 10.2

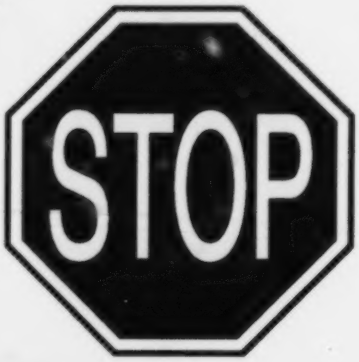
Signals for Good Personal Health

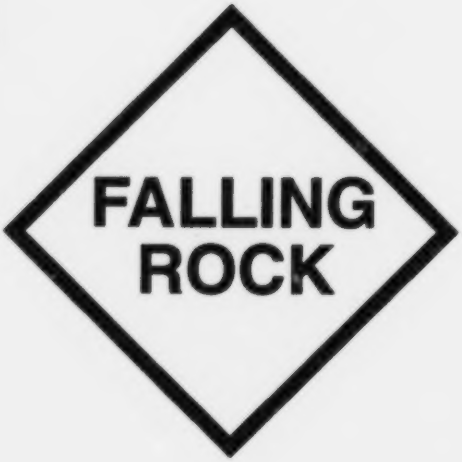


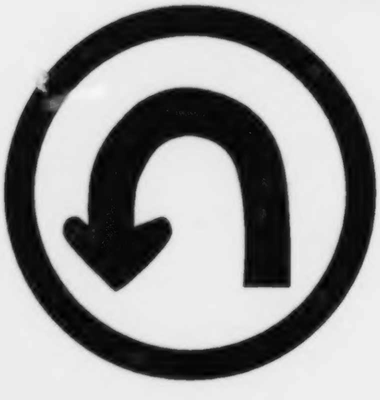









FALLING
ROCK



TA 10.3

Signs of Good and Poor Nutrition

Poor Nutrition

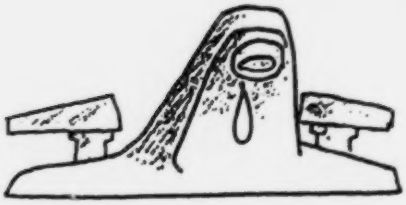
- Height is above or below recommended height.
- Weight is above or below recommended weight.
- Lack of energy.
- Cavities in teeth, gums bleed easily.
- Skin injuries do not heal easily.
- Development may be slow.
- Sleeps poorly.
- Poor appetite.
- Eyes are sore and red.

GO with GOod Nutrition

- Weight is normal.
- Height is normal.
- Energetic.
- No cavities, pink gums.
- Skin injuries heal easily.
- Development is normal.
- Sleeps well.
- Normal appetite.
- Eyes are bright and clear.

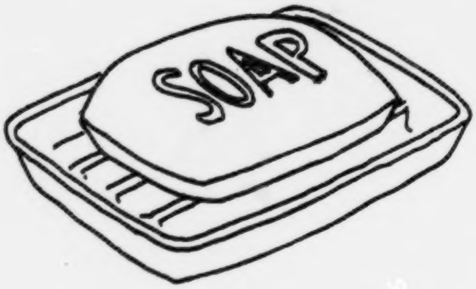
TA 10.4

Clean Hands



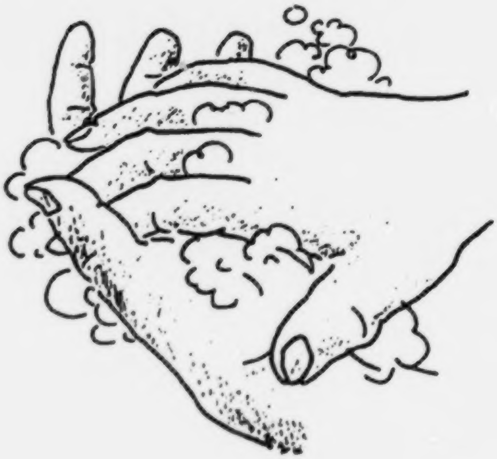
water

+



soap

+



hands

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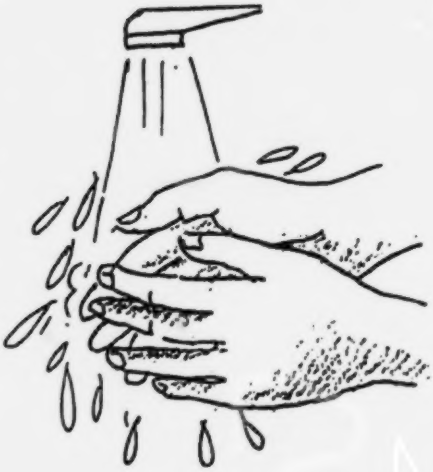

water

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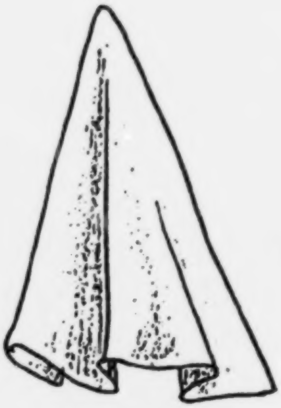

towel

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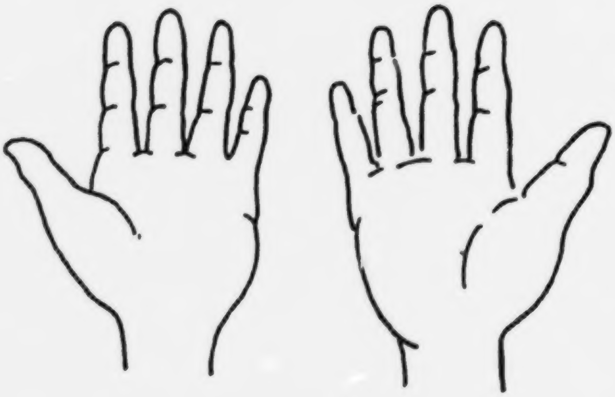


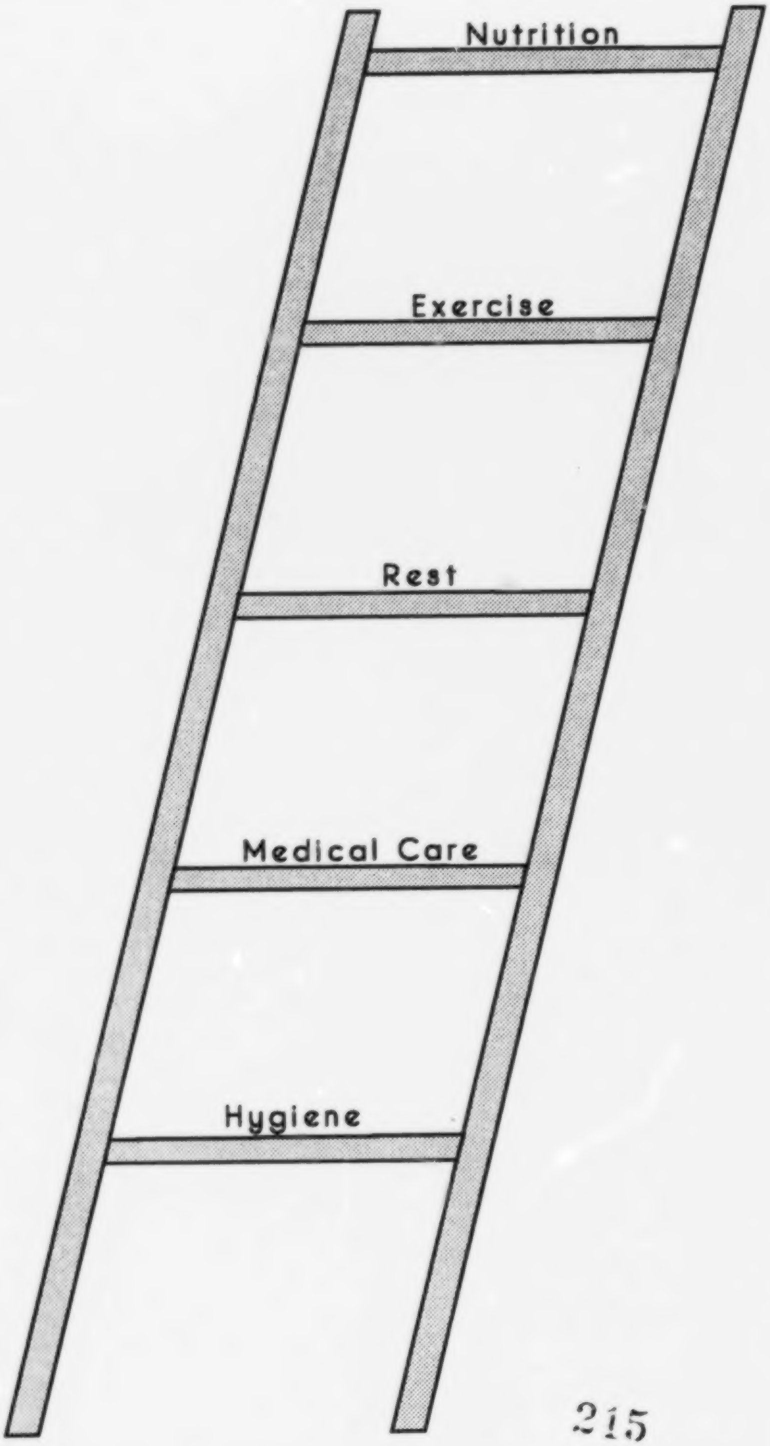
clean hands

Health ✓ for Children

		Symptom
SKIN		_____ itching or rash
		_____ sores
		_____ cuts or bruises
		_____ pale
		_____ dry
		_____ moist
		_____ other
HEAD		_____ lice, ringworm
		_____ sores
		_____ red or runny ears
		_____ pink or runny eyes
		_____ crust on eyelids or lashes
		_____ fever
		_____ swollen neck
		_____ runny nose
		_____ other
MOUTH	THROAT	_____ red or swollen throat
		_____ sores in mouth or on lips
		_____ severe cough
		_____ noisy breathing
		_____ difficult breathing
		_____ other
ARMS	LEGS	_____ sores
		_____ infected nail
		_____ swelling
		_____ lumps or knots
		_____ scratches or bruises
		_____ other
GENERAL		_____ excessive thirst
		_____ excessive appetite
		_____ poor appetite
		_____ vomiting
		_____ diarrhea
		_____ frequent or painful urination
		_____ unusual urine odor
		_____ blood in urine or stools
		_____ scratching of genital or anal area
		_____ complaints of other discomfort
		_____ excessive tiredness
		_____ excessive irritability
		_____ pulling at the ear
		_____ unusual behaviors
		_____ other

Activity 10-1: *Principles of Good Personal Health*

Directions: On each rung of the ladder below are listed the five principles of good health. Under each rung, explain why each principle is important in maintaining wellness no matter in what stage of life we may be.


Nutrition
Exercise
Rest
Medical Care
Hygiene

Directions: The principles of good personal health are listed below. Briefly describe the importance of these to the parent and the child.

HEALTHY BODIES

Principles	Importance to the Parent	Importance to the Child
Nutrition		
Exercise		
Rest		
Medical Care		
Hygiene		

Activity 10-3: *Promoting Good Health*

Directions: In the frame, make a collage of pictures that depict a person who maintains good health.

11 Nutritional Needs

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

- ➪ Determine nutritional needs during pregnancy, lactation, infancy, and early childhood.(5C)

Teaching Strategies 207
Teaching Aids 213
Student Activities 224

218

The Nutrients

Display Teaching Aid 11.1, The Six Nutrients. Describe for the class the nutrients, their functions, and good sources of each.

Divide the class into six cooperative learning groups. Have each group prepare a poster on one of the six nutrients. The posters should tell how each nutrient helps the body, good sources of each, and any other information that can help students learn about the nutrient. Display posters in the classroom.

Have students collect pictures of food. Resources could include magazines, newspapers, and flyers. Other sources could include the National Dairy Council or other such groups. Divide the class into cooperative learning groups. Have each group sort their food pictures into lunch bags labeled with one of the nutrients. The other groups can observe while each group works. Provide time for discussion, since some foods may fit into more than one food group.

PROTEIN

Write the term *protein* on the chalkboard or overhead projector. Instruct each to student write an individual definition on a piece of paper. Have students compare their definitions with the definition in the Reference Book. Use the students' definitions to lead a class discussion on the importance of protein in the diet. QUESTIONS: Why do you need protein in your diet? What are good sources of protein? Can your body store protein?

Distribute copies of Teaching Aid 11.2, Sources of Protein, to students. Students may work alone, in pairs, or in small groups to match each food with the amount of protein found in the foods listed. Lead students to compare their answers and correct any that are incorrect. Have students explain how they found the correct answers.

CARBOHYDRATES

Write the term *carbohydrates* vertically on the chalkboard or overhead projector. Have students list foods high in carbohydrates that begin with each letter of the term *carbohydrates*. Use the students' list to lead a class discussion on the importance of carbohydrates. QUESTIONS: Why does the body need carbohydrates? What are good sources of carbohydrates? What percent of your caloric intake should come from carbohydrates?

Have students review several articles from current magazines on the importance of complex carbohydrates in one's diet. Have each student select one article to summarize for the class.

VITAMINS

Have students study information on vitamins A, B, C, D, E, and K. Guide students to study references to identify each vitamin's major functions in the body. Have students identify food sources for each vitamin and health problems which may occur if a person gets too much or too little of each vitamin. Have students, in pairs or groups, create a worksheet or activity for other students based on the information gathered through the study of reference materials.

Invite a resource person who is knowledgeable about nutrition, such as a dietitian, to speak to the class on vitamins. Have students prepare questions prior to the speaker's arrival.

Distribute Teaching Aid 11.3, Vitamins—How Much is Too Much? Guide students to complete the teaching aid as a class and discuss each question, especially those where students have conflicting answers.

MINERALS

Assign students to role play a particular mineral. Have each student, or group of students, prepare a sales pitch for their chosen mineral. The goal of the two-minute sales pitch is to convince other students that the mineral speaking is the most important mineral in the world. During the two minutes, students should emphasize the function of the mineral and identify food sources. NOTE: The humor and dramatics of the sales pitches will help students remember what each mineral does for the body. Encourage students to be creative.

Show an audiovisual on the importance of iron in the diet. At the end of the audiovisual, ask students to write a short paragraph summarizing the film.

FATS

Write the term *fats* on the chalkboard or overhead projector. Have students write a definition of the term on a piece of paper. Have students share their definitions with the class. Compare the class definitions with the definition in the reference book. Use the definitions to lead a class discussion on fats in the diet. QUESTIONS: What are hidden fats? What percent of an individual's diet should come from fat? Is fat bad for you? Why?

Gather nutrition information charts from fast-food restaurants in your area. Let students plan a meal they might typically order from one of the fast-food restaurants. Using the nutrition charts, calculate the grams of fat in the meal. Then measure out the solid fat (shortening, margarine, or lard) found in the meal to show how much actual fat is eaten. NOTE: 1 teaspoon = 5 grams of fat.

Display a variety of boxed, canned, or bottled food products at the front of the classroom. After reviewing the information on Teaching Aid 11.4, Composition of Fats, instruct students to study the ingredients listed on the labels of the foods on display. Rank fat sources in order from least amount of saturated fat to the greatest amount of saturated fat. QUESTIONS: What type of fat is used most often in the products? Are the fats typically saturated, monounsaturated, or polyunsaturated? Why is it important to identify the ingredients used in prepared foods?

WATER

Lead a class discussion on the functions performed by water in the body. Include the regulation of body processes, the regulation of body temperature, and water's role as an essential element of body fluids, blood, and cells. QUESTIONS: How much water should you consume daily? How long can you live without water? What are common foods which are good sources of water in the diet?

Divide the class into cooperative learning groups. Distribute Teaching Aid 11.5, Water Sources in Our Diet. Have each group try to complete the teaching aid in a specified amount of time. Have each group share their answers with the class. Compare the students' answers to the correct answers listed on Teaching Aid 11.5 Answer Key. NOTE: It might be helpful have samples of foods on display to match the clues.

Nutritional Needs

Have each student keep a food diary, noting everything that is eaten for two or three days. Encourage students to be honest by not requiring them to turn their diaries in for grades. Ask volunteers to participate in a panel discussion, or have students individually tell the class exactly what they have eaten. For each volunteer who tells what has been eaten, assign a student to act as the volunteer's nutritionist. The nutritionists should tell the volunteers whether they are eating the right foods or the wrong foods and what will occur as a result of their eating habits.

Display Teaching Aid 11.6, Empty Calories, and have students list all of the things they like to eat that fall into the empty calorie category. Now ask students to list a food that they might eat instead of the empty calorie food. For example, a handful of tootsie rolls might be exchanged for a glass of chocolate milk.

Have students keep a food diary for two days. (If students kept a food diary in a previous exercise, they may use the same diary already recorded.) Instruct students to work in pairs to evaluate the foods eaten using either the Daily Food Guide for the Expectant Mother or the Pattern for Daily Food Choices, which are in the Reference Book. QUESTIONS: How closely did your recorded diet meet the guidelines? How could you alter your diet to achieve the suggested guidelines?

Divide the class into groups, and have each group plan a lab to prepare simple meals or nutritious snacks for people in various stages of the family life cycle. For example: Plan and prepare nutritious snacks for young children that can be eaten with their fingers. NOTE: WIC recipes may be used as a resource.

Divide the class into cooperative learning groups. Instruct each group to write a commercial, song, rap, or other creative material about nutrition and nutritional needs. Have groups present their material to the class.

PREGNANCY

Select three students to participate in a role play using Teaching Aid 11.7, What's for Lunch?, as a script. Once the role play has been performed, have students compare what the expectant mother should be eating with the possible foods she actually may eat. Students may use their own lunch for the day as a basis for comparison. QUESTIONS: If you were an expectant mother, what would your baby say to you about your lunch today? Would your baby be satisfied? Why?

Lead a class discussion on the following nutritional considerations during pregnancy.

- Nutrients reach the developing fetus through the expectant mother's bloodstream.
- The placenta provides for the exchange of nutrients and oxygen into the baby's system.
- If a expectant mother's nutrient stores are not adequate early in pregnancy when the placenta is developing, the early development of the fetus will be affected.

Lead a class discussion on the effects of malnutrition on the fetus. For example: low birth weight, birth defects, and expectant mother's body is malnourished. QUESTION: How can malnutrition be avoided?

Lead a class discussion regarding risk factors that contribute to malnutrition during pregnancy. Possible risk factors include the following:

- mother's age (15 years or younger)
- drug addiction
- alcohol abuse
- tobacco use
- unwanted pregnancy
- poverty

LACTATION

Assign groups of students to review library materials or selected periodicals on the importance of a mother's nutrition during pregnancy and lactation. Have each group elect a group leader to present his or her group's findings to the class.

Invite a person active in the La Leche League, or the breast-feeding educator from a hospital, to speak to the class on the benefits and nutritional requirements of breast-feeding. Guide students in preparing questions prior to the speaker's arrival, and have students prepare written summaries following the presentation.

INFANCY

Invite a mother who is breast-feeding and a mother who is bottle-feeding to share with the class their experiences with the feeding method of their choice. KEY QUESTIONS: What are the advantages and disadvantages of each method? What factors influence the decision to breast or bottle-feed?

Instruct students to consult references to compare the nutritive value of human milk and infant formula. Discuss the scientific reasons why human milk is a more nutritious food for newborns than infant formula. Bring samples of infant formula to class, and have students analyze the nutrient content of each from the labels.

Display Teaching Aid 11.8, Breast- or Bottle-Feeding? After reviewing the information presented, instruct each student to choose a method of infant feeding and write a paragraph supporting that method.

EARLY CHILDHOOD

Instruct students to review the information presented in table 11.7, Daily Food Guide for Young Children, in the Reference Book. Have students work in groups to plan a day's menu for a young child using the Daily Food Guide; include in the menu all meals and snacks for the day. Guide students to share and analyze their completed menus as a class.

Lead students to brainstorm a list of appropriate finger foods for toddlers. Have a student volunteer list the foods on the chalkboard or overhead projector. Have students compare the class list to the one on Teaching Aid 11.9, Finger Foods For Toddlers. Divide the class into cooperative learning groups, and assign each group one of the finger foods identified as appropriate for toddlers. Have each group prepare the assigned food. Allow students to sample all foods prepared.

Instruct students to work in groups to investigate the nutritional value of foods served by fast-food restaurants in the community. QUESTION: What kinds of foods would be wise choices for young children?

Lead students to brainstorm a list of foods to avoid with toddlers and why. Display Teaching Aid 11.10, Foods to Avoid With Toddlers, and compare it with the students' list. QUESTION: Why is it important to take precautions when feeding certain foods to toddlers?

The Six Nutrients

Protein

Carbohydrates

Vitamins

Minerals

Fats

Water

TA 11.2

Sources of Protein

Directions: Match each food listed below with the number of grams of protein found in that food. For help, look at a table of nutritive values in the appendix of a nutrition textbook or an RDA chart.

FOOD		GRAMS OF PROTEIN	
_____ 1.	One slice cracked wheat bread	A.	0
_____ 2.	Medium-sized apple	B.	1
_____ 3.	Lima beans, one cup	C.	2
_____ 4.	Two boiled eggs	D.	3
_____ 5.	Milk, one cup	E.	4
_____ 6.	Tuna fish, three ounces	F.	5
_____ 7.	Baked potato, medium	G.	7
_____ 8.	Beef liver, two ounces	H.	9
_____ 9.	Peanut butter, one tablespoon	I.	10
_____10.	Orange juice	J.	13
_____11.	Broccoli, one cup	K.	15
_____12.	Noodles, one cup	L.	23
_____13.	Lean beef, three ounces	M.	24
_____14.	Cola beverage, one cup	N.	Trace

In the space provided below, group each food listed above as a low, moderate, or high source of protein.

Low **(0 to 6 grams)**	**Moderate** **(7 to 14 grams)**	**High** **(15 grams or higher)**

VITAMINS --
HOW MUCH IS TOO MUCH?

Lana and you have just finished eating a well-balanced lunch at school. Lana immediately takes several vitamin pills. She explains that besides eating nutritious meals she supplements her diet just to be safe. Lana has the tendency to catch colds so she feels that additional vitamin C prevents or lessens the symptoms and can be a health benefit. Lana heard that vitamin A prevents acne. Since she is concerned about her complexion, she has decided to take a vitamin A supplement. Lana also wants to be sure she is getting enough vitamin D so she includes a vitamin D supplement. Lana's philosophy is if a little is good, a lot must be better. You ask Lana how many pills she's taking. She shows you the bottles and you discover by reading the label that she's taking pills which provide five times the RDA for vitamins A, C, and D.

ANSWER THE FOLLOWING QUESTIONS:

1. **How would you explain the term "megadosing" to Lana?**

2. **What side effects could Lana experience as a result of too much vitamin A?**

   vitamin B?

   vitamin D?

3. **How are excess vitamins utilized by the body?**

4. **What would you advise Lana to do?**

Composition of Fats

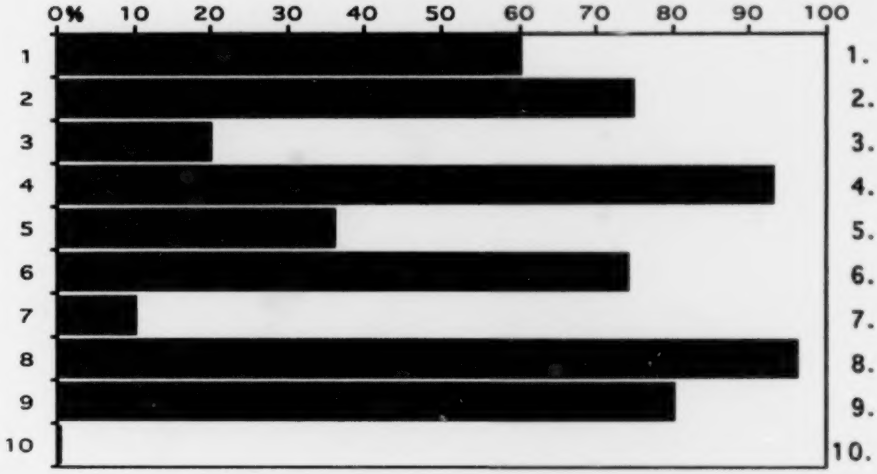
	Saturated Fat (%)	Monounsaturated Fat (%)	Polyunsaturated Fat (%)
Beef Tallow	48	42	4
Butter	66	30	4
Lard	41	47	12
Margarine	19	49	32
Canola Oil	6	62	32
Coconut Oil	86	10	4
Corn Oil	13	30	57
Cottonseed Oil	27	19	54
Olive Oil	14	77	9
Palm Oil	50	38	12
Peanut Oil	18	49	33
Safflower Oil	10	13	77
Soybean Oil	15	24	61
Sunflower Oil	11	20	69
Lard and Vegetable Oil Shortening	37	41	10

Sources: Canola Oil: data on file, Procter & Gamble. Others: Adapted from: "Fats and Oils. Raw Processed-Prepared," Composition of Foods, Agricultural Handbook No. 8-4, Washington D.C.: United States Department of Agriculture, 1979.

*** Numbers do not add up to 100 percent because other minor fat compounds are present.

Water Sources in Our Diet

Directions: Try to identify the food represented by each bar on the following bar graph. Use the clues found beneath the graph to aid in your decision.

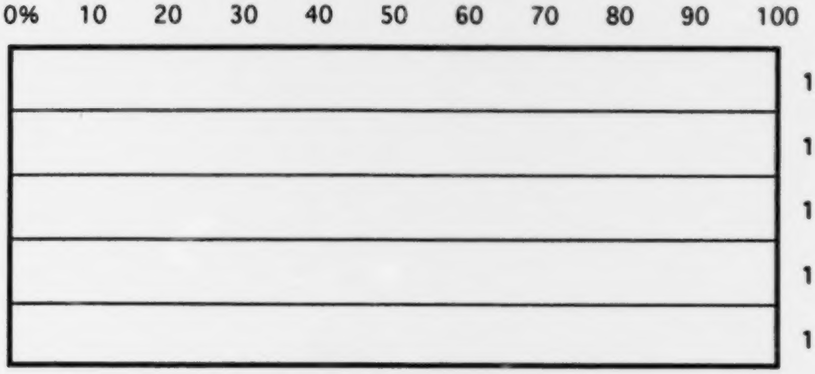


1. ____________
2. ____________
3. ____________
4. ____________
5. ____________
6. ____________
7. ____________
8. ____________
9. ____________
10. ____________

Clues

1. *This food is harvested from the ocean and is an excellent source of protein.*
2. *Three-fourths of this yellow fruit's weight is water.*
3. *One-fifth of this dairy product is water.*
4. *A summertime refreshing treat.*
5. *You knead this for toast.*
6. *This is oval-shaped.*
7. *One-tenth of these are water.*
8. *This is a major ingredient of tossed salad.*
9. *Four-fifths of this Idaho farm product is water.*
10. *This is a sweet which comes from beets and cane.*

11. - 15. Construct a bar graph that represents the percentage of water you think is found in the foods listed to the right of the empty graph.

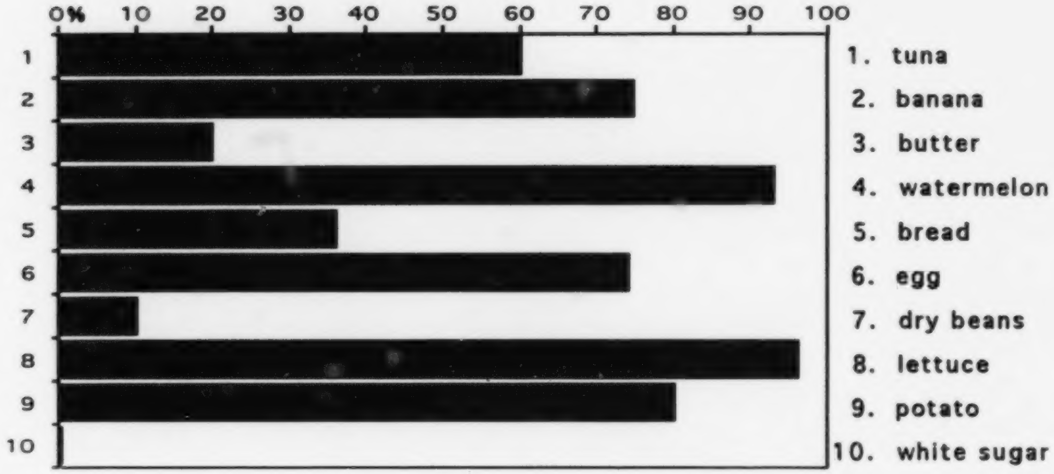


11. Cheddar cheese
12. Honey
13. Whole milk
14. Asparagus
15. Orange

Source: Education for Self-responsibility IV: Nutrition Education, p. 258.

TA 11.5—Answer Key

Water Sources in Our Diet



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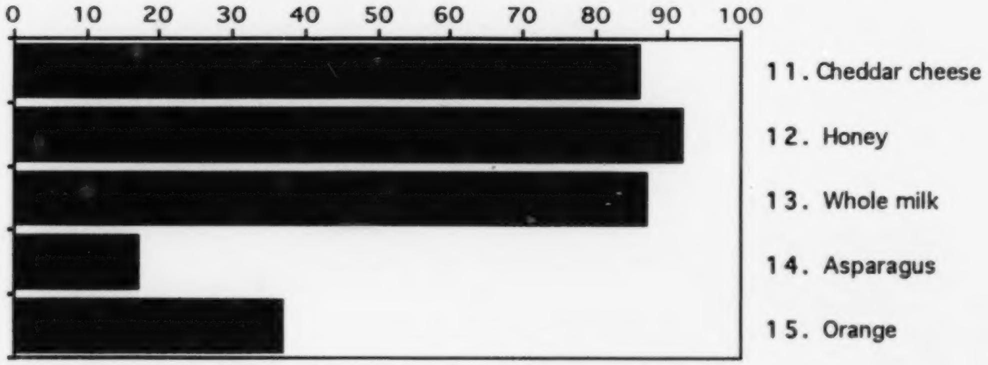
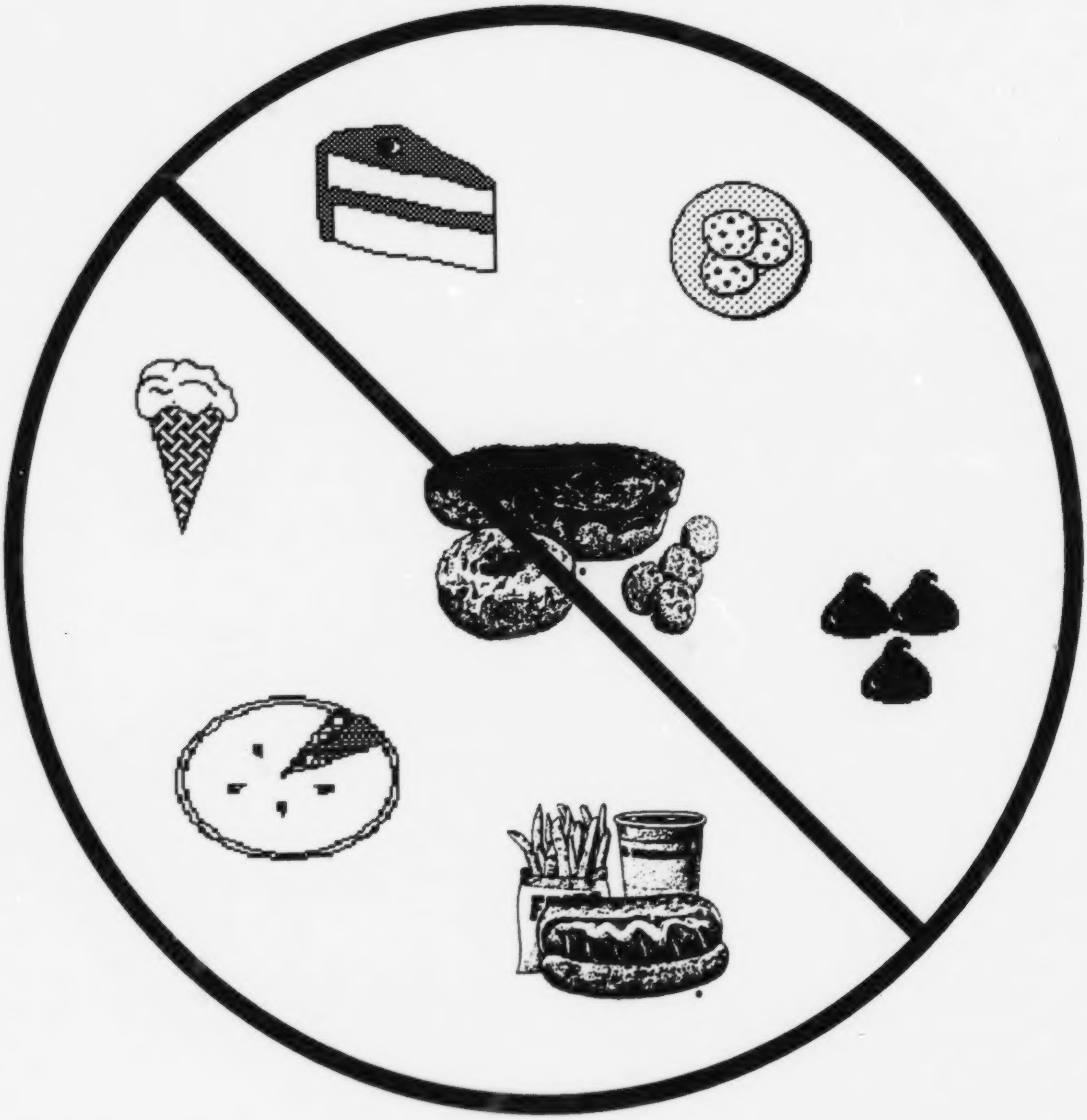
10. *This is a sweet which comes from beets and cane.*

11. - 15. Construct a bar graph that represents the percentage of water you think is found in the foods listed to the right of the empty graph.



Source: Education for Self-responsibility IV: Nutrition Education, p. 259.

Empty Calories



TA 11.7

What's For Lunch?

Setting: Mother's Womb. She is carrying twins; one boy and one girl.
Characters: Narrator, Baby Bobby, Baby Betty Time: 11:30 a.m.

Narrator: The decisions an expectant mother makes about the foods she eats affect her baby's health and future. It is very important that an expectant mother eat enough food and the right foods to nourish her body and her baby. If she does not eat enough of the right foods she could harm the development of her baby. As we begin our story, Baby Betty and Baby Bobby are discussing the fact that they think it is time for lunch.

Betty: (loudly, complaining) Mom!! He's touching me!!

Bobby: (frustrated) Excuse me Baby Betty, but you are on my side of the womb!

Betty: (angry) Your side!

Bobby: (apologetically) I'm sorry, I think that we're both a little grouchy because mom hasn't eaten anything since breakfast. I think I'll soothe my hunger by sucking my thumb.

Betty: I'm sorry too. I know I'm hungry! By the way, that isn't your thumb, that's my big toe!

Bobby: (shocked) YUCK!!

Betty: Well anyway....What do you hope mom has for lunch?

Bobby: We know she needs three to four servings of milk every day, so I hope she eats some yogurt or drinks a big, tall glass of milk.

Betty: I hope she goes for the chicken sandwich on the whole wheat bun, with orange juice, spinach salad, a banana, an apple, some peanuts, and...

Bobby: (excited) Wait a minute! If she eats all that she won't have any room for us!

Betty: Well then let's think this through. Mom needs seven to eleven servings of breads and cereals in a day...

Bobby: I love breads and cereals!

Betty: She needs three servings of meat and vegetable protein like dry beans and peas.

Bobby: Ummm, I love meat and dried beans and peas!

Betty: She needs four servings of vegetables....

Bobby: I love vegetables!

Betty: ...three servings of fruit, including a vitamin C-rich fruit.

Bobby: I love fruits, too!

Betty: (exasperated) Well, Baby Bobby, what is it that you don't love?!

Bobby: Uh, well..(loudly, with hand to mouth, shouting at Mom) I don't like waiting for lunch!

Betty: (quietly) shhh!..listen! Do you hear what I hear?

Bobby: I think so. Is that crunching?

Betty: Yea! It is crunching!!

Bobby: (excitedly) OH BOY!....LUNCH!!

Adapted from: Education for Self-responsibility IV: Nutrition Education, p. 233.

Breast- or Bottle-feeding?

Benefits of Breast-feeding

- ❋ Close physical contact is emotionally satisfying to mother and baby.
- ❋ Nursing helps mother's uterus return to normal more rapidly.
- ❋ Breast-feeding is time-saving and convenient.
- ❋ Baby is less likely to have an allergic reaction.
- ❋ Breast-milk is loaded with protective antibodies to fight against infections.
- ❋ Breast-milk is easier for baby to digest.
- ❋ Breasts adjust the quantity and rate of milk production to meet the baby's needs.

Benefits of Bottle-feeding

- ✪ Several types of formula are available.
- ✪ Amount that baby eats can be measured more accurately.
- ✪ Bottle-feeding allows the father to participate in feeding.
- ✪ Mother can return to work and other activities sooner.
- ✪ Both parents can experience the emotional satisfaction of feeding the baby.
- ✪ Nutritive value of formula stays the same.

TA 11.9

Finger Foods For Toddlers

- Apricots, canned
- Apple slices, peeled
- Asparagus spears, cooked
- Banana bread without nuts
- Banana pieces
- Beets, cooked
- Carrots, cooked
- Cheese cubes
- Crackers
- Chicken pieces
- Cucumber pieces, peeled
- Dry cereal, non-sugar coated
- Egg pieces, hard cooked
- French fries
- Gelatin pieces
- Grapefruit sections, seedless
- Green beans, cooked
- Green pepper pieces
- Ham chunks
- Macaroni, cooked
- Melon pieces
- Muffins
- Noodles, cooked
- Okra
- Orange sections
- Peach wedges
- Peanut butter sandwich
- Pear wedges
- Peas
- Pineapple tidbits
- Potato pieces, cooked
- Raisins
- Strawberries
- Toast
- Tomato pieces, skin removed
- Tuna, canned
- Turnip pieces

Foods to Avoid with Toddlers

Bacon - not easily digestible
Baked beans - not easily digestible
Bread sticks - cause choking
Bran - not easily digestible
Candy, hard - causes choking
Carrots, raw - cause choking
Celery, raw - causes choking
Chocolate - not easily digestible
Corn - not easily digestible
Corn chips - cause choking
Cucumbers - cause choking
Food items with seeds - cause choking
Fresh fruit with peeling - causes choking
Grapes - cause choking
Whole weiners - cause choking
Leafy vegetables - not easily digestible
Nuts - cause choking
Olives - cause choking
Onions, raw - not easily digestible
Potato chips - cause choking
Popcorn - causes choking

Activity 11-1: *The Nutrients*

Directions: Supply the missing letters in the boxes for the most appropriate word(s) described by each statement. Unscramble the circled letters to fill in the blank for the summary statement at the end of the activity.

1. Life-sustaining chemicals that nourish and promote the growth of the human body

☐◯☐☐☐☐☐☐☐

2. Needed for growth and repair of new and damaged tissues

☐☐◯☐☐☐☐

3. Provide 50 to 55 percent of one's daily calories to supply energy

☐☐☐☐☐☐☐☐☐☐◯☐☐

4. Essential nutrients that are either water-soluble or fat-soluble

☐☐☐☐☐☐◯☐

5. Nutrients necessary to regulate body processes and build bones, tissues, and other compounds

☐☐◯☐☐☐☐☐

6. Transports nutrients to the cells and rids the body of waste products

☐☐◯☐☐

7. Term which often is used interchangeably to describe fats, oils, and fat-related substances

☐◯☐☐☐☐

8. The abbreviation for Recommended Dietary Allowances developed by the National Food and Nutrition Board

◯☐☐

9. Building blocks of protein

☐☐◯☐☐ ☐☐☐☐☐

☐☐☐☐☐☐☐☐☐

SUMMARY STATEMENT:

_______________ can be defined as the food we eat and how our body uses the nutrients in the food.

Activity 11-2: *The Nutrients*

Directions: Match the terms with the blocks below. Find the term which best describes the statement in the block. Write the number of the term in the box provided in each block.

1. Water
2. Vitamin A
3. Carbohydrates
4. Calcium
5. Complete proteins
6. Microminerals
7. Sodium, chloride, and potassium
8. Sugar
9. Protein
10. 30
11. Water-soluble
12. Saturated fats
13. 10 - 15
14. Vitamin C
15. Iron
16. Fat-soluble
17. Fats
18. Vitamin D
19. Zinc
20. Thiamin
21. Vitamin E
22. Starches
23. Ascorbic acid
24. Incomplete proteins
25. Monounsaturated fats

FYI	VITAMINS	MINERALS	FOOD SOURCES	FUNCTIONS
Contain 9 of the essential amino acids ☐	Must be eaten daily ☐	Term used to describe trace elements ☐	Some cooking oils, some peanut butter, and walnuts ☐	Breaks down carbohydrates in the body and helps release energy ☐
Carbohydrates easily digested by the body ☐	Stored in body fat ☐	Needed for the lungs to release oxygen ☐	Vegetable oil, wheat germ, whole grains, and liver ☐	Key component of every cell ☐
Percent of calories needed daily for protein ☐	Necessary for night and color vision ☐	Work as team to perform functions such as regulating body fluids ☐	Citrus fruits, dark leafy vegetables, strawberries, and melons ☐	Supplies energy, fiber, and aids in digestion of fats ☐
Percent of calories fats should not exceed ☐	Scientific name, fights infection and aids in healing of wounds ☐	Found primarily in blood where it joins with protein to form hemoglobin ☐	Butter, chocolate, egg yolks, lard, and shortening ☐	Acts as a solvent for nutrients and hormones ☐
Two can be eaten together to form a complete protein ☐	Needed for normal growth and development of bones and teeth ☐	Needed for bone rigidity ☐	Potatoes, peas, corn, grains, and seeds ☐	Adds flavor to foods and can satisfy hunger by delaying appetite ☐

Activity 11-3: Nutritional Needs

Directions: Three examples each are given for breakfast, lunch, dinner, and snacks on the menus below. For each meal or snack, rate the examples as good (1) to poorest (3) by writing 1, 2, or 3 in the box in the upper right-hand corner. Be prepared to justify your choices in a class discussion and to tell how the best choices contribute nutrients to a pregnant woman's diet. You may want to use table11.4, Daily Food Guide for the Expectant Mother, to help you with your selections.

A	B	C
Breakfast ☐	☐	☐
✦ 1 chocolate doughnut ✦ 1 cup hot tea	✦ 1/2 cup orange juice ✦ 1 cup skim milk ✦ 1 slice whole-wheat toast ✦ 1 scrambled egg	✦ 1 cup whole milk ✦ 1 oz. sugar coated cereal ✦ 1 cup apple juice
Lunch ☐	☐	☐
✦ 1 cup vegetable soup ✦ 4 saltine crackers ✦ 1 pear ✦ 1 cup skim milk	✦ 1 hamburger with bun lettuce and tomatoes ✦ 1/2 cup pineapple chunks ✦ 1 cup skim milk	✦ 1 piece fried chicken ✦ 10 French fries ✦ 1 12 oz. cola ✦ 1 slice coconut cake
Dinner ☐	☐	☐
✦ 1 baked chicken breast ✦ 1 cup broccoli with cheese ✦ 1/2 cup tomato wedges ✦ 1 dinner roll ✦ 1 1/2 cup orange sherbet	✦ 3 fried fish sticks ✦ 1/2 cup rice ✦ 1 corn on the cob ✦ 4 chocolate cookies ✦ 1 cup fruit punch	✦ spaghetti with meat sauce ✦ tossed salad ✦ 1 slice garlic bread ✦ 1 cup iced tea
Snack ☐	☐	☐
✦ 1 bag pretzels ✦ 1 cup grape juice	✦ 1 slice apple pie ✦ 1 12 oz. cola	✦ 1 apple ✦ 6 cheese crackers ✦ 1 cup skim milk

Activity 11-4: Nutritional Needs

Directions: Plan a day's menu for a four-year-old child using the recommended serving sizes. Refer to table 11.7, Daily Food Guide for Young Children. Include at least three meals plus snacks in the plan.

Healthy Diets for Young Children

Meals or Snacks	Food	Amt.	Number of Servings				
			Fruit	Vegetable	Milk/ Cheese	Bread/ Cereal	Meat
Breakfast	Cereal	1 oz.					
Total Number of Servings:							
Recommended Number of Servings:							

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Activity 11-5: *Nutritional Needs*

Directions: Using an RDA chart, answer the following questions. Be sure to identify your answer in milligrams as necessary.

1. What amount of Vitamin A and C would you need for your age and gender?

2. How much calcium does a two-year-old child need?

3. Do females need more or less iron than males after age eighteen? Why?

4. How do fat-soluble vitamins and water-soluble vitamins differ?

5. Which nutrients do pregnant women need in extra amounts compared to other women?

6. Why are high amounts of Vitamin D required during infancy, childhood, and teenage years?

7. How do the nutrient needs of a lactating woman differ from those of a pregnant woman?

8. Which minerals remain the same in required amount from age eleven throughout the lifetime of both males and females?

12

Procedures for Feeding a Baby

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

- ➪ Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.(5D)

Teaching Strategies 231
Teaching Aids 235
Student Activities 239

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Invite parents to attend class with their infants and discuss methods they use to feed their children. Ask parents to bring examples of equipment they use when feeding their infants, such as bottles, formulas, and spoons. If possible, give all students an opportunity to help feed the infants.

Breast-Feeding

Have students read at least three articles in periodicals about breast-feeding and bottle-feeding. Instruct students to complete Teaching Aid 12.1, Breast- or Bottle-Feeding, after reading the articles.

Show a videotape on breast-feeding. Instruct students to take notes on the videotape presentation and be prepared to participate in a group discussion afterward. Divide the class into groups. Ask each group to take a sheet of paper and title it "Advantages and Disadvantages of Breast-Feeding." Have each group draw a vertical line down the middle of the paper, creating two columns; the left column should be labelled Advantages and the right column Disadvantages. Instruct groups to fill in both columns, based on information from the video presentation, the Reference Book and other resources, and personal experiences. Guide students to share their completed assignments.

Invite a mother of an infant to visit the class and discuss experiences she has had in breast-feeding her infant. NOTE: A mother with twins could be an interesting visitor. Guide students in preparing questions prior to the guest's arrival. QUESTIONS: What difficulties did you or do you have breast-feeding? Why did you choose to beast-feed your baby?

Invite a resource person from the La Leche League to discuss the purpose of the organization and the services it provides for its members. Ask students to prepare questions to ask the guest speaker.

As a special project, ask student volunteers to investigate which local hospitals have programs to help new parents adjust to breast-feeding. Instruct students to obtain brochures or write brief reports about their findings. Have students report their findings to the class.

Bottle Feeding

BOTTLES
NIPPLES
OTHER EQUIPMENT
CLEANING BOTTLES

Lead students to brainstorm a list of advantages of bottle-feeding over breast-feeding. Have a student volunteer write the responses on the chalkboard or overhead projector. Use the list to facilitate a class discussion about the advantages and disadvantages of bottle-feeding. QUESTIONS: Why might some women prefer not to breast-feed? Should a mother feel guilty if she bottle-feeds instead of breast-feeds her baby?

Display the types of bottles and nipples that are available. Use Teaching Aid 12.2, Equipment for Bottle-Feeding Your Baby, as a handout. Divide the class into small groups. Ask each group to comparative shop for the items listed. Guide students to compile information on pricing and availability as findings are shared.

PREPARING FORMULA

Display the three forms of infant formula: ready-to-feed, concentrated liquid, and powder form. Provide examples of the three forms from two to three different manufacturers. Have students compare the nutrient content from the labels as well as the cost of the different forms of formula from each manufacturer.

Demonstrate the proper procedures for preparing infant formula. Demonstrate ready-to-feed, liquid concentrate, and powder form. Explain each piece of equipment used and its importance. Have parents who have bottle-fed their babies help with the demonstration.

Feeding Your Baby

Using a life-size doll, demonstrate the proper way to feed and burp a baby. Ask students to demonstrate the procedures for skill reinforcement.

GUIDELINES FOR FEEDING YOUR INFANT

WEANING

Write the Guidelines for Feeding Your Infant, found in Chapter 12 of the Reference Book, on the chalkboard or overhead transparency. Lead students to discuss the importance of each guideline and to brainstorm additional guidelines that they believe are important to follow in feeding an infant.

Provide students with resources to research gastroenteritis and other illness that can be caused by either improperly mixed infant formula or improperly handled infant formula. Have students summarize their findings and present them to the class.

Solid Foods

Show a videotape on the digestive system and infants. At the end of the videotape, have each student write a short paragraph summarizing the videotape.

PREPARING SOLID FOODS

INTRODUCING SOLID FOODS

Demonstrate how to make homemade baby food. Discuss homemade versus manufactured baby food. Identify costs, availability, and other pertinent information. QUESTIONS: What are the advantages and disadvantages of each type of baby food? Which would you choose? Why?

Instruct each student to bring a jar of baby food to class. You may want to request several jars of the same food from different manufacturers, such as peaches or chicken, in order to compare ingredients and cost. Distribute Teaching Aid 12.3, Comparing Baby Food. Have students complete the chart as they analyze the ingredients in their jars as well as in some of the jars brought by classmates.

Set up a table setting where a baby or small child might be fed. Use a large cooking spoon, mixing bowl, and large glass to illustrate the importance of using "small" age appropriate utensils and dishes for children. Compare the difference in the cooking spoon to a spoon used to feed an infant. Placing the cooking spoon in your mouth would be comparable to using a regular teaspoon or soup spoon for an infant. The same is true for bowls and glasses or cups. Also, emphasize the importance of having equipment that is safe, durable, and easy to care for. The same situation could be set indicating the proper chair or seat where a young child could be fed and its importance.

Assign a reading from references or show a videotape discussing factors involved in planning meals for young children. Display Teaching Aid 12.4, Factors to Consider in Planning Meals for Young Children, and lead a class discussion on the importance of the factors listed. Ask students to suggest changes that could be made to make a meal consisting of broiled chicken, mashed potatoes, and vanilla pudding more appealing to a three-year-old. Suggestions should include how to improve colors, textures, and shapes.

Invite a dietician to speak to the class about the relationship of eating habits to physical health problems and emotional traumas suffered by children. Also ask the speaker to discuss problems which may result from parents forcing their children to clean their plates, rewarding children with desserts, and constant instructions to children about behavior at mealtime. Ask the speaker to also address effective strategies to use in introducing new foods to children.

Nutritional Needs

Have students select a topic related to nutritional needs of children to research for a report. Topics could include the following:
- Failure to Thrive in Infants
- The Effects of Poor Nutrition on Physical Development
- Malnutrition in Our Country
- Catching Up: Is it Possible After An Inadequate Diet?

Have students contact various child care centers to find how the centers involve parents in nutritional education. (Only one student should contact each center.) Ask students to report their findings to the class and discuss any ideas learned. QUESTIONS: Do you think it is important for child care centers to involve parents in nutrition education? How do the centers you contacted implement these programs? Are the children involved as well? How?

Guide the class to prepare a bulletin board or display case which emphasizes good nutrition for young children. Have each student be responsible for one aspect of the project. Instruct each student to write a paragraph describing his or her role in the project.

Breast- or Bottle-Feeding

Visit the library. Research current articles about breast-feeding and bottle-feeding. Read three articles. Summarize them in the space below. From your readings, complete the last statement and support your decision.

Source: ______________________________

Summary: ______________________________

____

____

____

____

Source: ______________________________

Summary: ______________________________

____

____

____

____

Source: ______________________________

Summary: ______________________________

____

____

____

____

As a parent, I would choose ______________-feeding for my baby, because

____

____

____

____

____

____

____

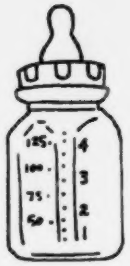
____

TA 12.2

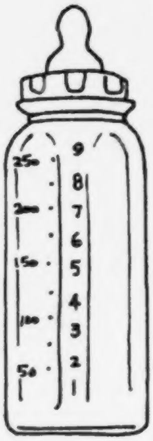
Equipment For Bottle-Feeding

Your Baby

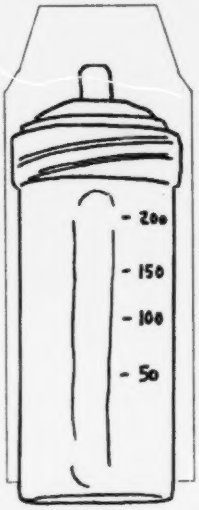
Bottle Types


125
100
75
50
4
3
2
1

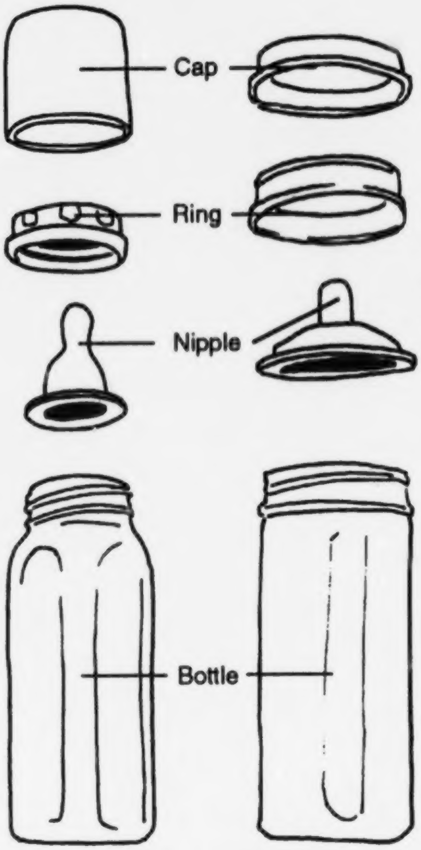
4-ounce bottle


250
200
150
100
50
9
8
7
6
5
4
3
2
1

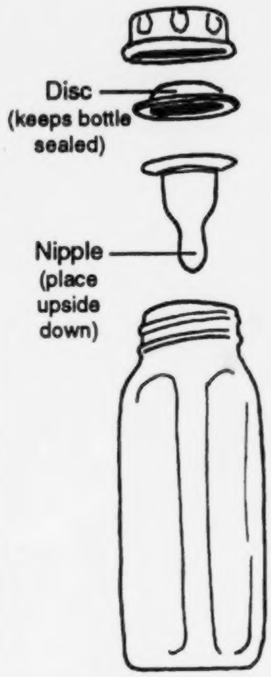
8-ounce bottle


200
150
100
50

Bottle with disposable liner

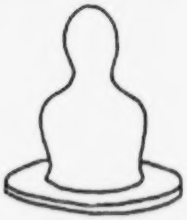

Cap
Ring
Nipple
Bottle

Putting a bottle together for use

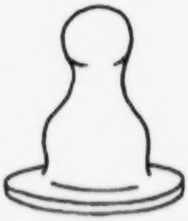

Disc (keeps bottle sealed)
Nipple (place upside down)

Assembling bottle for refrigerator storage

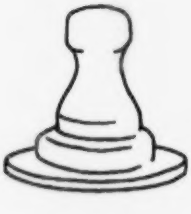
Nipple Types



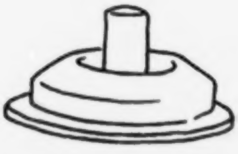
Natural-shaped nipple



Universal Nipple



Anti-colic Nipple



Wide-based Nipple

Comparing Baby Food

Food:	Brand A:	Brand B:	Brand C:
size of jar			
ingredients			
color			
texture			
taste			

Food	Brand A:	Brand B:	Brand C:
size of jar			
ingredients			
color			
texture			
taste			

Which brand do you prefer? Why?______________________________

Factors to Consider in Planning MENUS for Young Children

Nutritional Value ....

Color ....

Texture ....

Shape ....

Size of Proportions ....

Atmosphere ....

Form in Which Food is Served.....................

Seasoning of Food.......................................

Introduction of New Food ....

Activity 12-1 *Breast-Feeding or Bottle-Feeding*

Directions: Pretend you are the author of an advice column for new parents. With the facts and information you have and with your "expertise" as an outstanding pediatrician, answer the three letters below.

Dear Dr. Doctor,

I can't decide if I want to breast-feed or bottle-feed my unborn baby. My due date is only one month away! Everybody says it is up to me. How do I know what is best?

Sincerely, Confused

Dear Confused:

Dear Dr. Doctor,

I am the mother of a four-month-old baby. I have been nursing her, and want to know when it is time to introduce solid foods.

Sincerely, New Mom

Dear New Mom:

Dear Dr. Doctor,

I am the father of a new baby. How can I share in the feeding? Do you have any hints?

Sincerely, Proud Pop

Dear Proud Pop:

Activity 12-2: *Breast-Feeding or Bottle-Feeding*

Directions: Your baby drinks six 8-ounce bottles each day. Compare the cost of using ready-to-feed, concentrated liquid, and power formula. Use the chart below to calculate your figures.

Price of can + number of feedings = cost of each feeding
Cost of each feeding x 6 = cost per day x 7 = cost per week x 4.33 = Cost Per Month

	Brand A	Brand B	Brand C
Ready-to-Feed			
Weekly			
Monthly			
Concentrated Liquid			
Weekly			
Monthly			
Powder Formula			
Weekly			
Monthly			

Activity 12-3: Feeding Your Baby

Part I

Directions: Summarize ways a food budget can influence the selection of food by completing the following activity. Write a paragraph responding to the following statement.

"A food budget can influence one's selection of food
which can influence nutritional needs."

Part II

Directions: Relate your answer to a personal experience or an experience someone else had that would confirm the statement above.

13

Caring for a Sick Child

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

➩ Describe techniques for caring for a sick child. (5E)

Teaching Strategies 245
Teaching Aids 249
Student Activities 252

Lead a class discussion on sources of information for selecting medical services. Examples include recommendations of friends, neighbors, co-workers, medical schools, hospitals, and medical societies. Have students develop a list of guidelines to follow when selecting a family physician or medical service. The list should include convenience of location, office hours, arrangements for emergencies, how efficiently the office is run, attitude of office staff and professionals, thoroughness of examinations, payment requirements and arrangements, and the hospital with which the doctor is associated. QUESTIONS: Why is it important to have a physician before your child becomes ill? Why is it important to know the hospital that your baby's doctor prefers? Who else needs to know this information?

Distribute Teaching Aid 13.1, Case Studies–Caring For A Sick Child. Divide the class into groups, and instruct each group to discuss the case studies and suggest the next steps they would recommend that parents in each situation take. Have students share and compare their recommendations.

Instruct students to read Teaching Aid 13.2, Do's and Don'ts for Medications. Lead a class discussion regarding the reasons for each guideline included on the teaching aid. QUESTIONS: Why is it important to know how to give medications to your child? Why must the doctor/health care provider know about all medications that your child is taking? What are some additional guidelines that should be practiced when administering medication?

Illness During Infancy

FEVER
EXCESSIVE CRYING
DIARRHEA
CONSTIPATION
LETHARGY
VOMITING
BREATHING DIFFICULTY
JAUNDICE
COLIC
LACK OF APPETITE
FAILURE TO MOVE A LIMB

Define *signs* and *symptoms* of illness. Explain that a sign of illness is visible evidence of illness while a symptom is an internal feeling of the victim. Lead students to brainstorm signs of illness in infants and young children. Examples include diarrhea, flushed or pale facial color, rashes, muscle cramps, runny nose, nonhealing sores, red, irritated eyes, vomiting, bowel changes, and coughing. Use the students' list to lead a class discussion on the importance of recognizing signs and symptoms of illness in their children. QUESTIONS: Why is it important to be alert to signs of illness? What are some symptoms of illness? Can these signs and symptoms be associated with more than one illness? How do you decide whether or not a doctor/health care provider should be consulted? How do infants and young children show that pain is present? Do individuals have different levels of pain tolerance?

Invite a resource person from the medical field to speak to the class about illness in infants. Have the speaker discuss signs and symptoms that students should look for in their own children. Guide students to prepare questions prior to the speakers arrival. SAMPLE QUESTIONS: Should I take my baby to the doctor if she or he has a temperature of 100°F? Should I call the doctor's office if my baby shows any signs of illness? What should I do if a problem arises in the middle of the night? if I cannot contact my child's doctor/health care provider?

Lead a class discussion on the importance of knowing how to take an infant's temperature and read a thermometer. Show samples of different kinds of thermometers. Provide students with pictures or samples of different types of thermometers at different temperatures and ask the students to determine what temperature the thermometers are registering.

Demonstrate the use of a mercury thermometer and how to read it correctly. Explain the three ways of taking a temperature using the mercury thermometer. NOTE: Emphasize that the oral method is not recommended for very young children and explain why.

Distribute Teaching Aid 13.3, Temperature Facts, and have students read the information. Lead a class discussion regarding normal and abnormal body temperature. QUESTIONS: What factors affect the body's temperature? What is the average body temperature? When is the best time of the day to take body temperature? When is body temperature likely to be highest? lowest?

Divide the chalkboard into three sections. Head each section with one of the following titles: Vomiting, Breathing Difficulty, and Jaundice. Lead students to brainstorm a definition for each phrase. Discuss when to consult a physician regarding these symptoms. QUESTIONS: What is the difference between vomiting and spitting up? At what point would the parent of a child who is vomiting contact a physician? Why should breathing difficulties be reported to your baby's doctor/health care provider? When is jaundice most common? Why should parents who notice jaundice in their child contact the child's doctor as soon as possible?

Assign students to research differing viewpoints regarding colic. Have them define the condition and causes of colic in a variety of ways, as found in the resource materials, and describe various ways that the resources suggest parents should deal with this problem. Ask each student to share the information. Lead students to brainstorm ways to soothe a baby with colic.

Lead students to brainstorm possible illnesses that their infants have had or illnesses that they have heard of other infants having. Invite a health care professional to visit the class and discuss the various illnesses and what prevention measures should be taken.

Illness During Early Childhood

Instruct students to read the article *Childhood Diseases Are Back,* printed in the May 1990 issue of Reader's Digest. Have each student write a paragraph summarizing the article.

Instruct students to read pamphlets that you have provided from various health care providers on immunization and diseases. Discuss the importance of proper health care for children. Examples of pamphlets include "Immunization Isn't Just Kid Stuff" and "Pertussis" from the Texas Department of Health (available free of charge). The school nurse can also provide valuable information.

Write the phrases *contagious diseases*, *incubation period*, and *convalescent* on the chalkboard. Ask students to define each phrase. Lead a discussion regarding stages of contagious diseases. QUESTIONS: What is a contagious disease? How are contagious diseases passed from one person to another? During what point in the disease is a child most contagious? What is the convalescent period? Why might a child in a child care setting be exposed more often than a child not in such a setting?

Have students research current literature on the nature of childhood diseases and how they are spread. NOTE: If the school library does not carry publications on this subject, check with the city library or city or county health department. Instruct each student to select a childhood disease and write a report on the nature, spread, and prevention of that disease. Guide students in selecting diseases so that a variety are investigated.

Invite a representative of the city or county health department to visit the class and speak about the role the department plays in monitoring and controlling the spread of disease in young children. Ask the speaker to comment on what kind of diseases are reported and by whom. Table 13.1 in the reference book could serve as a reference. Guide students in preparing questions prior to the speaker's arrival.

Case Studies - Caring for a Sick Child

1. **Willie and Claudia are high school students and the parents of Jesse, a ten-month-old baby boy. Jesse has a temperature of 102°. For the past twenty-four hours, he has fussed and cried nearly all of the time. Jesse refuses to eat but will drink juice and water. Jesse stays at the high school child care center.**

2. **Samina is the mother of Teresa, a six-month-old baby. Samina awakens in the middle of the night to hear Teresa crying and screaming. When Samina gets to her, Teresa becomes listless and limp.**

3. **Jarod, the two-year-old son of Gary and Carla, is just getting over the chickenpox. Gary and Carla have taken turns staying home with him and have missed several days of school. They wonder if Jarod is well enough to go back to his child care center.**

4. **Mario is the one-year-old son of Rocky and Rosalinda. Mario was recently diagnosed with a hearing impairment. One doctor prescribed a hearing aid for Mario. However, Rocky and Rosalinda are not convinced that Mario really needs the device. For most of his life, Mario has fought ear infections.**

5. **Bubba is a single parent and the father of Jennifer, a two-year-old. When Bubba brought Jennifer home from the child care center, he noticed she had a slight temperature and a rash on her chest and back. She does not want to eat and seems sleepy and very tired.**

TA 13.2

✔DO's and ✘Don'ts for Medications

✔Do's

- ✔ Do understand the doctor"s orders clearly.
- ✔ Do read the label on the container thoroughly.
- ✔ Do give the medication on time.
- ✔ Do give the medication in the proper dosage.
- ✔ Do ask the doctor if a generic drug can be prescribed. Generic drugs are less expensive than brand name drugs.
- ✔ Do be careful when mixing foods and drugs. Ask a doctor or pharmacist for a list of foods and liquids that do not mix with the drug.
- ✔ Do know what precautions to take with specific drugs (such as stay out of sun, take with liquid, take on empty stomach, and avoid alcohol, and take with food).
- ✔ Do keep a record of medications given by recording the time and amount administered.

✘Don'ts

- ✘ Do not give medication to any person other than the person for whom it is prescribed
- ✘ Do not give medication if you are not sure about the drug, the dosage, or how to give it.
- ✘ Do not mix medications without consulting the doctor or pharmacist. If more than one doctor is being used, each doctor should be made aware of all medications prescribed.
- ✘ Do not fail to report unexpected side effects to the doctor during medication usage.

Temperature Facts

T he normal body temperature varies from 97°F to 99°F and normal is considered to be 98.6°F.

E motions, water intake, weather, food, and clothes can affect body temperature.

M easurement of body temperature can be by mouth, rectum, axilla (underarm), or ear.

P ersons with fever should be kept quiet and comfortable.

E arly evening is the time when body temperature will be highest, and about 4:00 a.m. is when it will be lowest.

R ises in temperature can be gradual or sudden.

A ccuracy in measuring body temperature is important.

T hermometers are used to measure body temperature.

U se careful and sanitary procedures when cleaning thermometers.

R apid drops in temperature may cause shock.

E vaporation of body fluids can cool the body and cause a drop in temperature.

F evers can be low-grade (100° F) or high-grade (103°-105° F or above)

A lways consider body temperature and respiration together because of the relationship to each other.

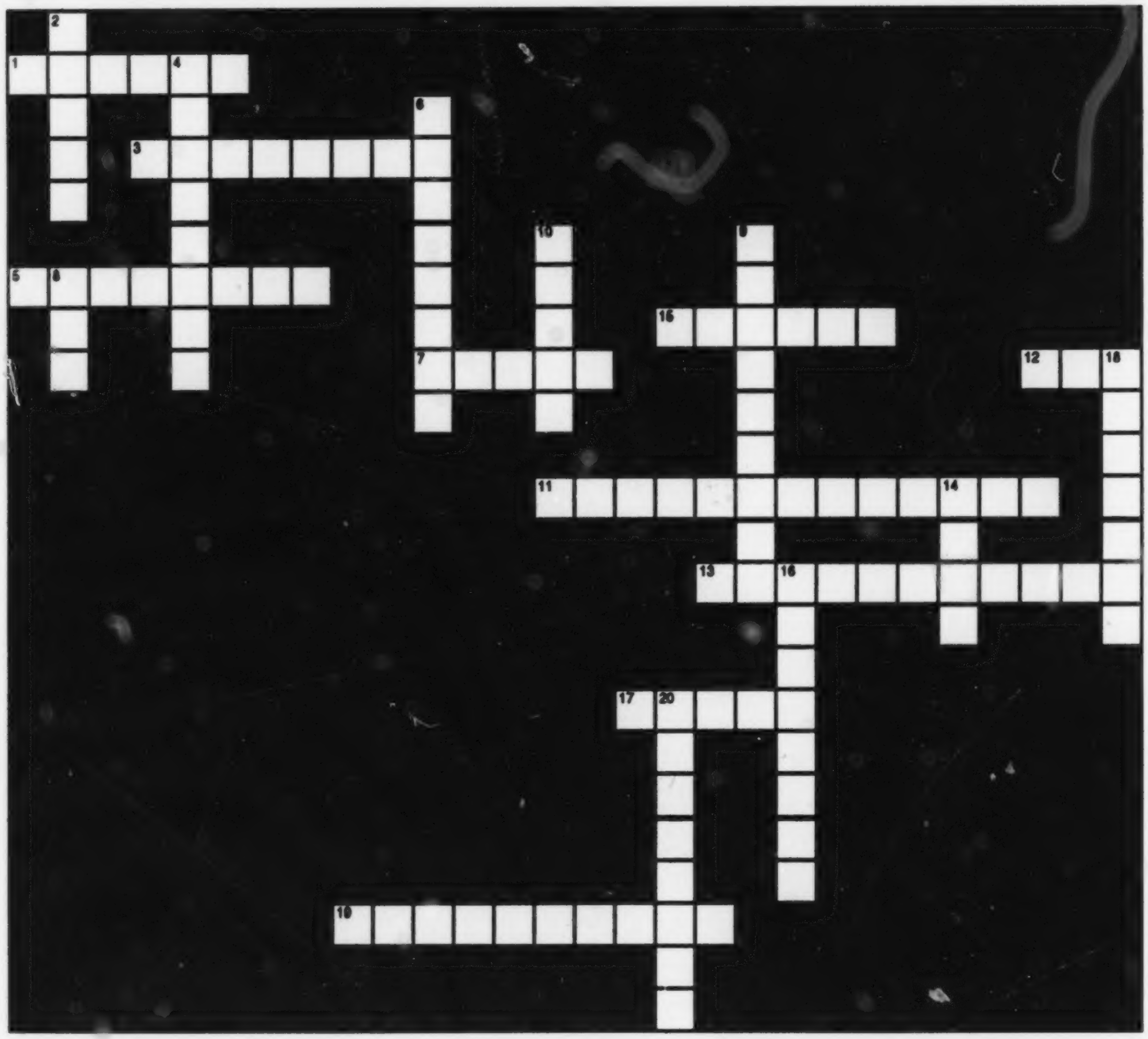
C ommon cause of a change in temperature is the body's defense against infection and poisons.

T reatment for a fever centers around the cause, not the fever.

S ubnormal temperature is below 98.6° F.

Activity 13-1: *Caring for a Sick Child*

Directions: To test your knowledge of caring for a sick child, complete the following crossword puzzle. Use the clues provided below.



ACROSS

1. Method of taking infant's temperature
3. Can lead to dehydration
5. Suddenly limp and listless
7. Severe gas pains
11. Necessary shots
13. Breathing problems
15. If illness persists call the _____.
17. Loud, brassy cough
19. Red, itchy rash on chest and back

DOWN

2. Indication that infection is present
4. Another temperature method
6. Yellowing of the skin
8. No appetite or desire to _____.
9. Crying for long periods of time
10. Throw up forcefully
12. Diptheria, Tetanus, and Pertussis
14. Temperature method not recommended for infants
16. Warning signs of illness
18. Viral or bacterial eye infection
20. Dry, circular patches.

Activity 13 2. Caring for a Sick Child

Directions: Ages of children and common illnesses are listed below. Write a case study based on each of the following situations and suggest ways a parent could react. Discuss the case studies in class.

1. **Age of child:** 3 years **Illness:** Pinkeye

Case study:

Ways parents could react:

2. **Age of child:** 8 months **Illness:** Croup

Case study:

Ways parents could react:

3. **Age of child:** 2 years **Illness:** Chickenpox

Case study:

Ways parents could react:

Activity 13-2: Caring for a Sick Child (continued)

4. **Age of child:** 4 years **Illness:** Influenza

Case study: ____________________

Ways parents could react: ____________________

5. **Age of child:** 14 months **Illness:** Pertussis

Case study: ____________________

Ways parents could react: ____________________

6. **Age of child:** 2 1/2 years **Illness:** Ringworm

Case study: ____________________

Ways parents could react: ____________________

14 Safety Practices

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

- ➪ Determine safety practices important in the care and guidance of young children.(5F)

Teaching Strategies 257
Teaching Aids 263
Student Activities 272

Have students cut out pictures of young children and appropriately give each picture a caption emphasizing a good safety practice. Pictures and captions could be mounted on poster board or construction paper. Captions could be comical or of a more serious nature. Display posters in the classroom.

Instruct students to read and summarize selected newspaper articles that depict stories about children who have been involved in accidents. Have students share summaries with the class. QUESTIONS: How could each accident have been prevented? How could information learned from the articles help you as a parent?

Assign students to read articles in recent periodicals about the safety of young children. Periodicals could include *American Baby, Child,* and *Parents.* Have each student write a paragraph and give an oral report to the class summarizing the article.

Divide the class into cooperative learning groups. Distribute Teaching Aid 14.1, Case Studies—Safety Practices. Assign to each group one of the case studies from the teaching aid. Have each group recommend actions which should be taken in their assigned situation. Ask students to consider both actions which may be required to resolve the immediate situation, as well as precautions which could be taken to prevent the safety hazard in the future. Have groups present their actions to the class and justify their recommendations. Allow time for questions from class members and discussion.

Distribute a copy of Teaching Aid 14.2, Emergency Information, to each student. Instruct students to complete the sheet for their home and for someone who might take care of their child. Provide additional forms for students as needed.

Safety in the Environment

INDOORS
OUTDOORS
STRANGERS

Show videotapes such as the *Baby-Safe Home* or *Save Your Child's Life* that offer simple suggestions to parents on how they can make their home and environment safe. Both videotapes are available from Cambridge.

Show students the videotape, *The National Family Safety Test*, created by The Disney Channel and the National Safety Council. (Viewing time is one hour.) The videotape presents a fun and entertaining quiz that tests the family's knowledge of safety and emergency preparedness in the home. Students can test themselves as they view the presentation. Use the videotape as a springboard to lead a class discussion on how an injury occurs every four seconds, a death from an accident every six minutes, and that accidents are the leading cause of death among children from one to sixteen.

Lead the students to brainstorm a list of rules they might teach their children regarding strangers. Rules could include:

- Never talk to strangers.
- Never go near a stranger if an adult is not with you.
- Never get in a stranger's car.

- Never go alone to a stranger's home.
- Never take anything from a stranger.
- Never wander away from an adult companion, especially in a crowded area.
- Never tell a stranger that you are home by yourself.
- Never answer the door to a stranger if you are home alone.
- Never go into an abandoned building.
- Call a neighbor or tell parents or the police if anything involving a stranger happens to you.

Ask students to make posters of rules they would teach their children regarding safety around strangers. Display the posters.

Discuss with students things that they might do to protect their children from strangers. QUESTIONS: Why is it important to teach children their full names, addresses, phone numbers, and how to use a public telephone? Why would it be a good idea to walk the neighborhood with a child to point out safe places the child could go in an emergency? Why is it a good idea to accompany children to public restrooms? Why should parents teach children that no one, not even someone they know, has the right to touch them in a way that makes them feel uncomfortable? Why should children be taught that they have a right to say "no"? Why should parents teach children to play with other children and look out for the safety of others? Why should parents teach their children that a stranger could be nicely dressed or shabby, and could be a man or a woman? Why should children be instructed to run away, scream, and make lots of noise if a stranger tries to follow them or grab them? Why would it be more effective for children to yell "This person is trying to hurt me!" rather than just "Help!"?

Have students research and share their findings with the class about the U.S. Consumer Products Safety Commission. Discuss the work of the commission and how it goes about checking for safety in children's toys and clothing. Provide examples of printed materials distributed by the commission.

Read Teaching Aid 14.3, Safety Near Automobiles, aloud to the class. Ask the students to list the safety tips as you relate the story. They should find at least seven tips. After you have completed the story, lead students to discuss the tips they listed.

Distribute Teaching Aid 14.4, Safety Checklist for Young Children, and review the information presented. Using actual items such as a high chair, stroller, swing, discuss guidelines to determine if they are safe. Provide additional copies of the teaching aid for students to use in their homes. QUESTION: What features should you look for in buying each item listed?

Arrange for students to take a learning tour to a department store or children's store. Have a store representative show students the baby items sold and the safety features of each. QUESTION: Who regulates the safety guidelines in baby furnishings and other baby items?

Instruct students to work in groups to develop posters depicting dangers and safeguards which apply to infants and toddlers. Have students illustrate the dangers and safeguards using magazine pictures or sketches. Ask students to include both indoor and outdoor settings, toys, and play equipment. Have each group present their poster to the class; then display all posters for other classes to view.

Car Safety

CAR SEATS

Invite a representative from the Department of Public Safety or local health department to discuss the importance of infant and child restraint seats for vehicles. Have the speaker demonstrate the correct use of child restraint seats and seat belts. Have several different types of child restraint seats on display.

Display an infant car seat which meets safety standards. Explain the law about their use and the safety features. A good resource is the pamphlet, "Kids n' Cars Riding Safe," available from the Texas Department of Transportation.

Distribute copies of Teaching Aid 14.5, Safe Kids, and lead students to discuss information provided on the teaching aid. Have students compile the safety concepts discussed in a bulletin board, display case, or informative brochure about car safety.

As a class or FHA/HERO project, guide students to design a public awareness campaign on the importance of infant and child restraint seats. Suggestions for the project include:

- Print and disseminate brochures advocating proper use of infant and child restraint seats.
- Prepare and display posters at prominent locations. For example, ask grocery stores for permission to display the posters.
- Develop a Public Service Announcement for a local radio or television station or newspaper.

Emergencies

SEVERE WEATHER

Display a map of the state or the United States. Have students identify types of natural emergencies which are likely to occur in several of the regions on the map. For example, tornados are examples of severe weather which may occur in many locations; hurricanes are hazardous in coastal areas; earthquakes are common in other locations. Lead students to discuss why it is important to be aware of potential natural emergencies common to their location and to know emergency procedures which can ensure the safety of themselves and their children.

Distribute Teaching Aid 14.6, Tornado Safety Tips. Lead a class discussion regarding the importance of weather safety. Include in the discussion the process by which each student's family should develop its own safety plan. QUESTIONS: Where would you go for safety in your home? Will there be room for all family members? Do you have a weather radio or other source of information for weather news?

FIRES

Distribute copies of Teaching Aid 14.7, Home Safety Checklist, and review the information presented. Have students take the checklist home to complete. When students return the completed checklists, lead them to evaluate how fire-safe their homes are. Instruct each student to prepare a written plan for improving the fire safety of his or her home.

INTERRUPTION IN UTILITY SERVICES

Have a representative from a public utility service speak to the class about interruption of home utility services. Guide students in preparing questions prior to the speaker's presentation.

Hazards

BURNS
ELECTRICAL SHOCK
SUFFOCATION
DROWNING
POISONING
CUTS
FALLS
OTHER HAZARDS

Display Teaching Aid 14.8, Potential Hazards in the Home. Lead students to brainstorm a list of potential hazards associated with certain areas of the home. Use the students' list and the teaching aid to lead a class discussion about home hazard prevention. QUESTIONS: What potential hazards do you have at your home? What hazard protections have you taken so far? What protections do you need to make? What plans have you taken to do so?

Read the open-ended statements to the students regarding poison safety. Ask them to write down a response after you have read each statement. Sample statements include the following:

- I will place potential poisons, including drugs, insecticides, and cleaning agents, in their original containers, locked beyond the reach of my child because...
- I will put away all potential poisons like medication or household products before answering the doorbell or telephone because...
- I will teach my child that medication and vitamins are drugs and not candy because...
- I will poison-proof my home and garage by removing and safely disposing of old and unneeded products because...

Ask students to share their answers.

Have students refer to the posters they created on dangers and safeguards and review the information presented. Divide the class into cooperative learning groups. Have each group prepare a poster, skit, class activity, role play, or other creative way to present information about hazard safety. Groups should select one potential hazard from the posters to present to the class.

Distribute Teaching Aid 14.9, Safety Alert Signals, which lists signals for when accidents are more likely to occur. Lead a class discussion based on the teaching aid. QUESTIONS: When you notice one of these signals, what should you do? How can you help your child follow good safety practices?

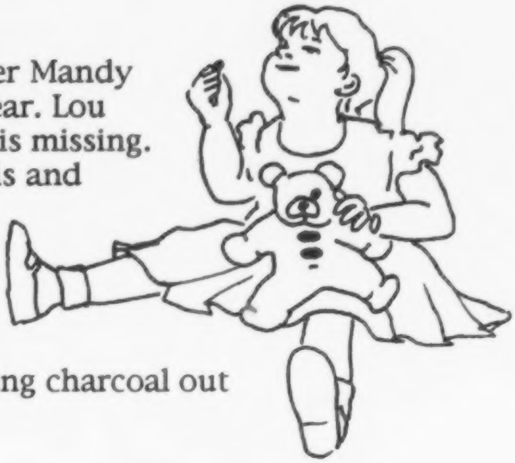
First Aid

Have students make a list of the first aid supplies they have on hand at home. Have students compare their lists with each other. As a class, compare the lists with the first-aid supply list in the reference book. Lead a class discussion on the importance of having first-aid supplies at home. QUESTIONS: What items are essential? Why?

Arrange for students to take the American Red Cross First Aid Training Course. There are several types of courses available. Contact the local organization for information.

Review with the students Safety for Children at Different Levels of Development found in the reference book. Ask those students with children to identify the age that most closely fits the age of their child. Ask them to relate the guidelines of which they are aware, and what they have done to safeguard their child. If any age category is not represented, assign that age to a student, and ask the student to describe ways parents with children in this age category might apply the guidelines listed.

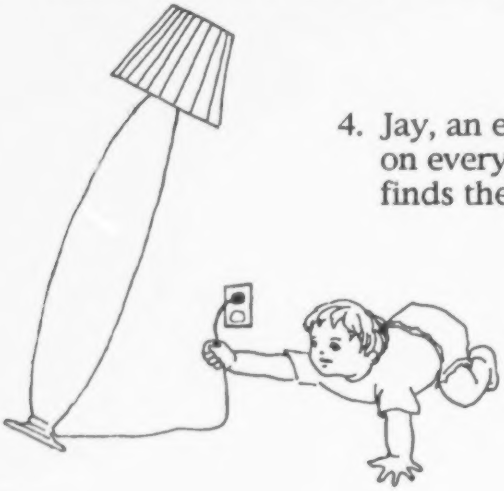
Case Studies - Safety Practices



1. Lou Ella finds her one-year-old daughter Mandy sitting on the floor with a new teddy bear. Lou Ella notices that one of the button eyes is missing. Lou Ella asks Mandy where the button is and Mandy just smiles.

2. One day two-year-old Juan was missing. His dad finds him in the garage eating charcoal out of the bag.

3. Beth, a fifteen-month-old, fell down the basement stairs. Fortunately, she seems to have suffered only a few bruises.



4. Jay, an eight-month-old baby, is constantly pulling on everything he crawls up to. This morning, he finds the floor lamp and it nearly topples over.

5. Joey and Jenny are one-year-old twins. They are constantly on the go. Each of them has figured out how to open the kitchen cabinets. Whatever one thinks to do, the other follows right along.

Many people have trouble thinking and acting quickly in an emergency. Having emergency information on-hand can save precious time. Fill in the emergency information form below. Keep a copy posted near your telephone, inside your medicine cabinet, and anywhere else you think it could be found easily and quickly.

EMERGENCY INFORMATION

Poison Control:______________________ Police or Sheriff:______________________

Ambulance:______________________ Fire Department:______________________

Nearest Hospital Emergency Room:______________________________________
Name Phone

Children's Doctor:____
Name Phone

Parents' Doctor:____
Name Phone

My Address____
Street City

My Phone Number ______________________________

Neighbor, friend, or relative to contact in emergency:______________________
Name

____
Phone # Address

Serious allergies and/or medical conditions of family members:______________________

____

____

____

____

____

____

____

Safety Near Automobiles

Directions: Read the following story as students list at least seven of the tips suggested by the story. The safety tips are underlined for easy identification.

Jenny decided that it was time to teach Samantha, her three-year-old, about safety around automobiles. She knew that one of the best ways to do this would be to show her by example. Jenny bundled Samantha up in a warm coat, and off they went on a walk. When they came to the curb, Jenny made sure that she stopped, and told Samantha never to run into the street. She then showed Samantha how to look to the left and to the right and to listen for traffic. She knew that Samantha did not know the difference between left and right, so Jenny demonstrated to look "this way and then this way." Jenny told Samantha that she must always wait until the street is clear and even when it is, Samantha must always keep looking until the street has been crossed. She also told Samantha that before she could ever cross the street herself, she must have her Mommy's approval. She warned Samantha to remember that just because she could see the driver, did not mean that the driver could see her. Jenny explained to Samantha that it is hard to tell how fast traffic is moving and that cars cannot stop instantly. Jenny and Samantha crossed the street. Jenny continued to reinforce what she said about traffic as they continued with their walk.

Jenny still takes Samantha on walks to teach her about safety when walking near automobiles. Jenny realizes that it may take many walks before Samantha understands everything. Jenny also realizes that Samantha is not yet old enough to walk alone near traffic but understands that it is important to begin teaching Samantha rules about traffic at an early age.

Safety Checklist for Young Children

Use the checklist below to evaluate how safe your home is for a baby or a child. Place a check in the box if your home or item in your home has a safety feature described. The more checks, the safer your home.

	Safety Features
	Infant Crib
✓	
	All slats present with no more than 2 3/8" between them.
	No more than two fingers width between the crib edge and mattress.
	Corner posts should be more than 5/8" taller than crib rails.
	Bumper pads should fit around crib with at least six straps.
	There are no rough edges or exposed bolts.
	If crib is older, be sure no lead-based paint is used.
	Sides are high enough to prevent climbing out.
	Drop-side latches are not released by infant easily.
	Baby Stoller
	Has wide wheel base to prevent tipping.
	Crotch strap and seat belt are attached securely to frame.
	Seat belt is easy to use.
	Wheels have brakes which lock securely.
	High Chair
	Waist and crotch straps attached securely to the chair seat.
	Tray locks securely.
	Chair is stable and does not tip over easily.
	There are no sharp edges or exposed bolts.
	There are no loose parts.

	Safety Features
	Toy Box
	Lid has spring-loaded support so it will stay open when it is raised.
	Lid does not have a latch which could trap child inside.
	There are ventilation holes in case a child got trapped inside.
	There are no splinters or rough edges on wood or plastic.
	There are no sharp or rough edges on metal.
	Corners are rounded or padded to prevent or reduce injuries.
	Household Items
	Small objects are out of reach.
	Unused electrical outlets have safety covers.
	Windows and screens have locks and safety latches.
	Matches are stored out of reach.
	Gates are placed at stairways and open doorways.
	If safety gates are used, there are narrow spaces between bars.
	Toys have no small or loose parts or sharp or pointed edges.
	Breakable items are out of reach.
	Hazardous items are placed out of reach or in locked cabinets.
	Electrical cords are secured or out of reach.
	Tables and chairs are stabilized and not tip over.
	Shower or tub has adhesive strips or a rubberized mat.
	Loose rugs are removed.

SAFE KIDS

☑ One Minute Safety Check-up

Using a car safety seat correctly makes all the difference. Even the safest seat may not protect your child in a crash, unless you follow the manufacture's instructions carefully and use the seat every time your child travels. Check to be certain!

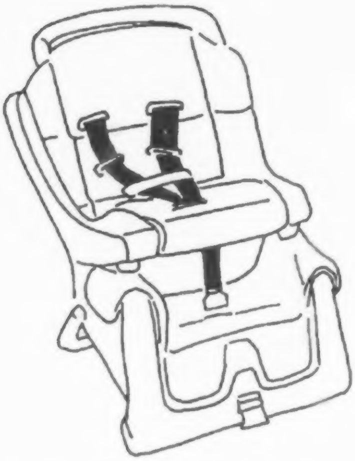
Is your child facing the right way?

☐ If using a seat made for infants only, **always** face it **backward** until your child is at least 18-20 pounds.

☐ Turn a convertible seat **forward** if your child is over 18-20 pounds and can sit up well.

Are all straps and belts snug?

☐ Is the shoulder harness over the shoulders? snug?
☐ Are all straps tight?
☐ Is the crotch strap short?



Do airlines allow the use of safety seats?

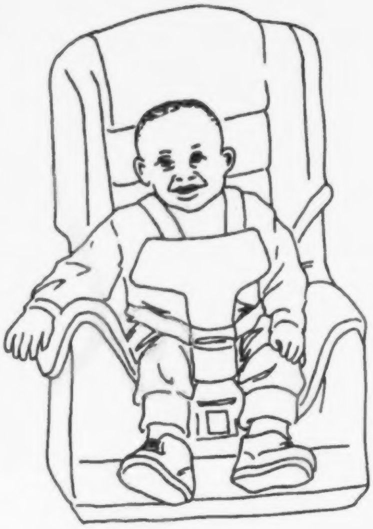
Check with your airline before you make reservations, as not all airlines allow safety seats. All seats made after February 1985 are labeled for aircraft use. If your safety seat was made between January 1, 1908 and February 26, 1985, it must have an FAA approved sticker before you board. Seats made before January 1, 1981 are not allowed by airlines.

Anything else I should know?

☐ If money is a problem, see if service organizations or hospitals in town are renting or wholesaling car safety seats.

☐ Whenever possible, put children in the back seat. It is safer than in the front seat.

☐ Everyone in the car must always buckle up. An unrestrained child or adult can be thrown into other passenger and cause serious or even fatal injuries.



If you have an auto booster seat, do you always use it with:

☐ lap and shoulder belt,
☐ tethered harness with lap belt, or ...
☐ shield with safety belt?

☐ Is the tether strap installed, if your seat requires one?

☐ Is the seat belt in the right place and tight?

U.S. Department of Transportation
National Highway Traffic Safety Administration

Source: *Safe Kids are no accident.* U.S. Department of Transportation: National Highway Traffic Safety Administration.

Tornado Safety Tips

TORNADO WATCH means conditions are such that tornadoes could develop.

Action to take — Monitor radio or TV stations to obtain continuous weather advisories. Be prepared to take cover if signal is given.

TORNADO WARNING means a tornado has been sighted visually or by weather radar.

Warning Signal — The tornado warning signal is steady high pitched sirens mounted on selected campus buildings. The sirens are augmented by police car sirens and by radio and television announcements. Weather radios, if available, will automatically sound when a tornado warning or watch is issued. The radios should be left in the "on" position with the volume turned down. Radios may be tested each Wednesday between 11 a.m. and noon. Departments not having a weather radio are encouraged to purchase one.

Action to take — In case of a tornado, seek inside shelter, preferably a basement, steel frame or reinforced concrete building. Seek an interior hallway on the lowest floor or basement and stay away from windows. Avoid structures with wide, free-span roofs (auditoriums and gymnasiums).

If caught in open country away from shelter, lie face down in the deepest depression available (a ditch, culvert, or ravine).

Keep radios and television sets tuned, but do not telephone the National Weather Service or other information centers unless you are reporting a tornado sighting.

****

Home Safety Checklist

Is Your Home Firesafe?

Please take a few minutes to walk through your house with this fire safety checklist. Keep it handy and check your home regularly!

Smoke Detectors

- ☐ placed near bedrooms?
- ☐ on every floor?
- ☐ batteries checked regularly
- ☐ away from air vents?

Kerosene Heaters

- ☐ used only where approved by local authorities?
- ☐ filled only with K-1 kerosene, never gasoline or camp stove fuel?
- ☐ only refueled outdoors?
- ☐ only refueled when cool?

Woodstoves and Fireplaces

- ☐ used only with seasoned wood, never green wood, artificial logs, or trash?
- ☐ protected by screens?
- ☐ interiors, hearths, and chimneys cleaned regularly?

Electrical Wiring

- ☐ replaced if frayed or cracked?
- ☐ not under rugs, over nails, or in high traffic areas?
- ☐ outlets not overloaded?
- ☐ outlets cool to the touch, not hot?
- ☐ outlets have cover plates and no exposed wiring?

Electric Space Heaters

- ☐ plugged directly into wall sockets, not extension cords?
- ☐ unplugged when not in use?

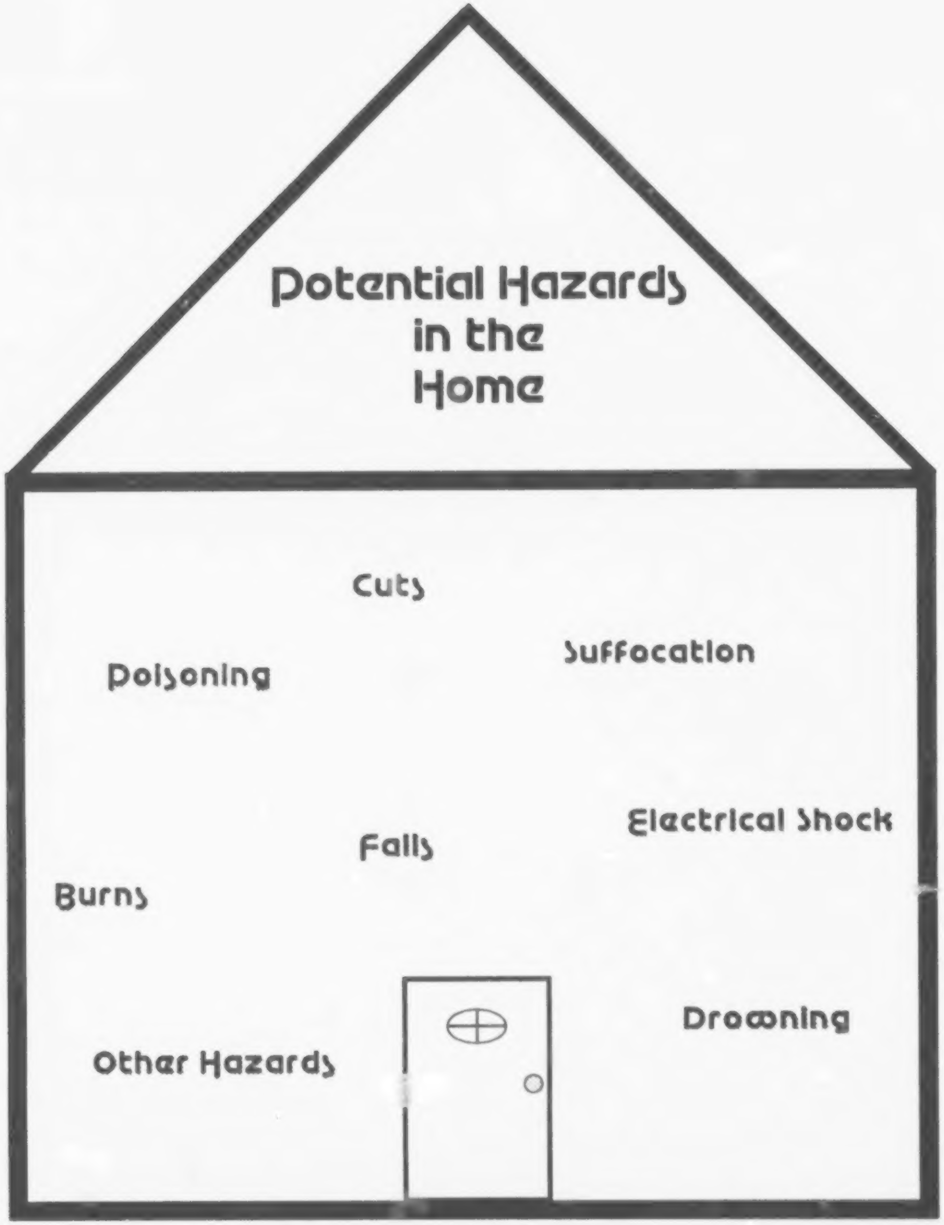
All Alternate Heaters

- ☐ used only in well-ventilated rooms?
- ☐ cannot be easily knocked over?
- ☐ never used to dry clothing or other items?
- ☐ at a safe distance from curtains and furniture?

Home Escape Plan

- ☐ practiced every six months?
- ☐ emergency numbers, whistle, and flashlight near telephone?
- ☐ outside meeting place identified?

United States
Fire Administration



Potential Hazards in the Home

Cuts

Suffocation

Poisoning

Electrical Shock

Falls

Burns

Drowning

Other Hazards

Safety Alert Signals

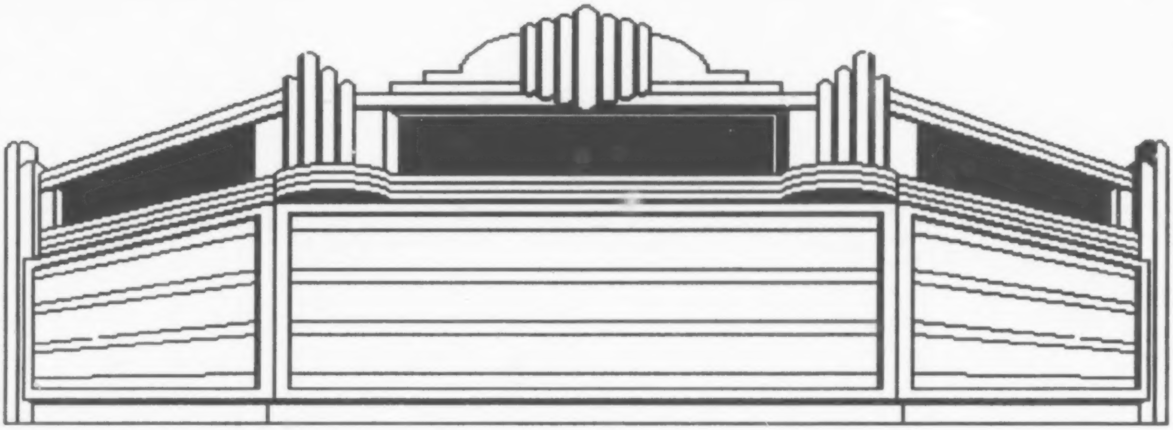
Alert Signals in Children

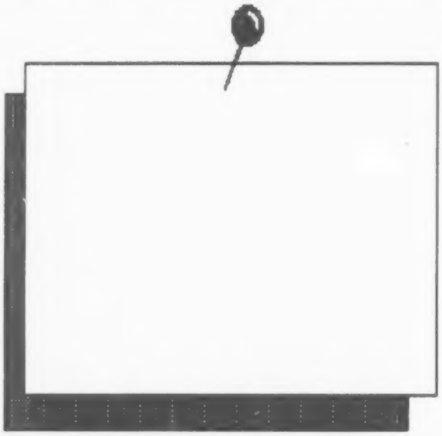
Be alert to the increased chances of an accident occurring when children:

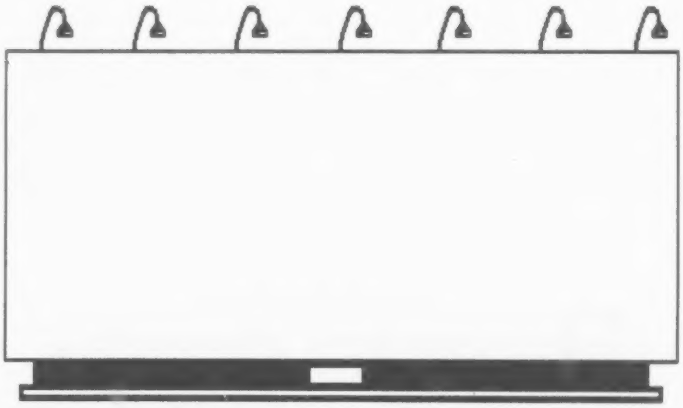
- are ill.
- are angry.
- are tired.
- are hungry.
- are excited.
- experience a change in routine.
- change environments.
- live in an environment where hazardous materials are accessible.
- exist in an environment that is poorly arranged.

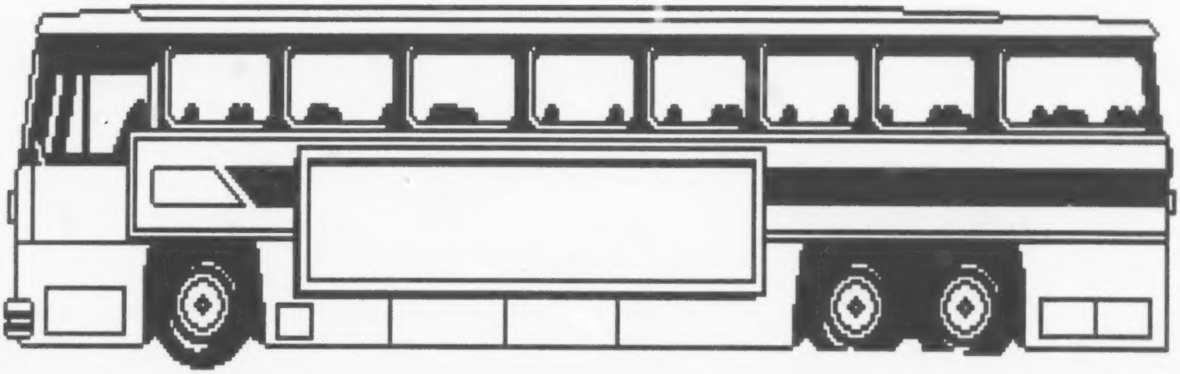
Activity 14-1: *Safety Practices*

Directions: In the figures below, write four slogans that can be used to educate parents about the importance of safety for their infant.









Activity 14-2: Safety Practices

Directions: Write an important safety rule for each of the key ideas listed below.

1. Indoors

2. Outdoors

3. Strangers

4. Car seats

5. Severe weather

6. Fires

7. Burns

8. Electrical Shock

9. Suffocation

Activity 14-2: Safety Practices (continued)

10. Drowning

11. Poisoning

12. Cuts

13. Falls

14. Other Hazards

15. First Aid

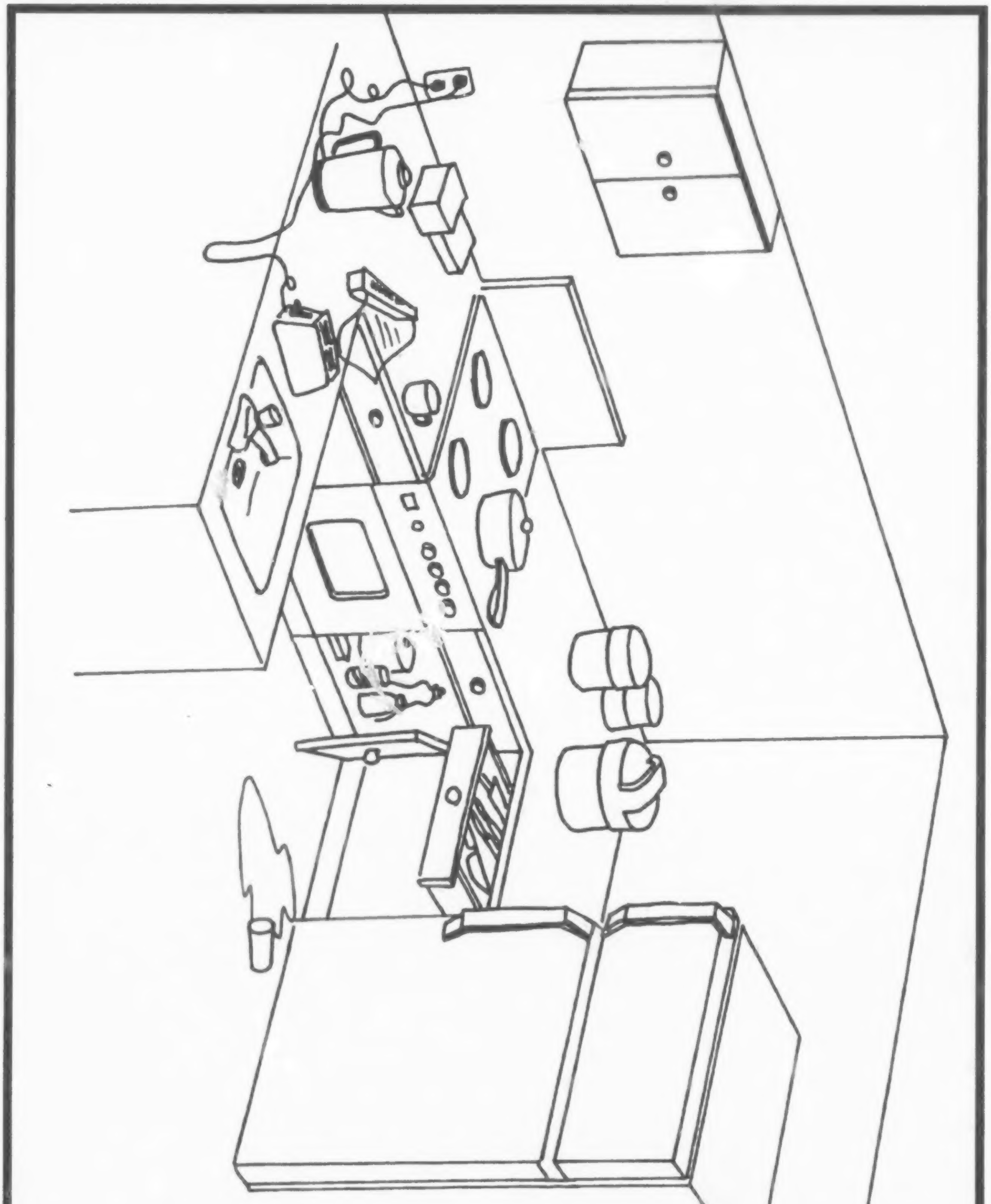
Activity 14-3: *Hazards*

Directions: Complete this activity by indicating whether each statement is a Dangerous or Safe practice by placing a check mark (✓) in the appropriate column. In the space provided, reword each dangerous practice to make it a safe practice.

Danger-ous	Safe	Safety Practice
		1. Crib mattresses should be firm and fit properly.
		2. Supervise infants at all times.
		3. Lead-based paints used on furniture and toys are generally safe for children.
		4. Gates placed at doors and stairs help prevent babies from wandering or falling into unsafe places.
		5. Give young children freedom to explore to satisfy their own curiosity.
		6. Lock windows or put screens and guards on windows to keep children from falling out.
		7. Teach toddlers to respect water and its depth.
		8. Focus on good safety habits through example and explanations with preschoolers only.
		9. Hazardous items are safe in any closed cabinet.
		10. Cover electrical and extension cord outlets with safety caps.

Activity 14-4: *Hazards*

Directions: The sketch below depicts several kitchen safety hazards. Circle each hazard and assign it a number. On a separate sheet of paper, list the numbers of the identified hazards; beside each number, explain why the situation is a hazard, especially to children, and describe how you would correct the situation.



15

Characteristics of the Newborn

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

- ➪ Describe the characteristics of the newborn.(6A)

Teaching Strategies 279
Teaching Aids 283
Student Activities.................................289

Physical Characteristics

SIZE
PROPORTION
FACE
HEAD
SKIN
HAIR
SEXUAL CHARACTERISTICS

Divide the class into groups, and instruct each group to create a poster using pictures of newborn infants. Have groups exchange posters and evaluate how realistic they think the pictures are, giving reasons to support their evaluations. As groups present their evaluations to the class, lead students to share additional information about newborn infants that is not depicted in the posters.

Ask students who are parents to relate their first thoughts about how their newborns looked when they saw the infants for the first time and to describe the changes in the physical characteristics of their newborns in a week's time. Discuss reasons for physical changes to characteristics like swollen eyes, shape of head, rashes, jaundice, lanugo, and enlarged genitals.

Lead students to discuss physical characteristics of newborns that make them especially equipped for securing their needs. QUESTIONS: What features in a newborn's face especially equip the newborn for sucking? Why do newborns have cheeks that appear swollen? Why are most newborns toothless?

Display Teaching Aid 15.1, Characteristics of the Newborn. Ask students to identify characteristics that are typical for the main topics listed. QUESTIONS: Why would the characteristics vary? How do male babies differ from female babies? How does a full-term baby differ from a premature baby?

Show a transparency of Teaching Aid 15.2, Fontanels. Instruct students to consult the Reference Book and other references to explain the function of the fontanels, or soft spots, on a baby's head. Have each student write a summary explaining how to take special care of the baby's head. One student might volunteer to call a pediatrician or a family practitioner to ask what special treatment the physician recommends for the care of a newborn; ask the student to report the response back to the class.

Invite students to bring pictures of themselves as newborns or infants. Divide the class into groups, distribute the pictures randomly, and have the groups guess whose pictures they have. QUESTION: In what ways has each person pictured developed physically (face, eyes, head, mouth)?

Instruct each student to write a short paper describing a personal experience with a newborn. Students who have not had contact with young infants could write a paper describing how they think they would react to caring for a newborn.

If some of the students are parents of newborns, have them keep a record of the physical development of the baby. Encourage them to document the baby's development through records such as journals, photographs, and charts. Ask volunteers to bring copies of "Baby Books" which their parents may have kept on them as newborns; have the volunteers describe the information contained in the books and relate their feelings reading about themselves as infants.

Have students interview their parents and, if possible, grandparents to inquire how they reacted to the students' physical responses when the students were infants. Guide students in developing questions to use in the interviews. Sample questions might include: How did my (the student's) sleeping patterns affect your sleeping schedule? How did I react to people other than my parents? Were these things stressful for you? Why?

Physical Responses

SLEEPING
BOWEL MOVEMENTS
SENSES
CRYING
REFLEXES

Lead a class discussion on the sleeping patterns of newborns. QUESTIONS: What is the typical sleeping pattern of a newborn? Why is this just an average assessment? Why is it wise for a new parents to take advantage of their baby's nap time by taking a nap themselves? What are some reasons parents do not do this? What might be some repercussions for a new parent who is not getting enough sleep?

Display Teaching Aid 15.3, Senses and the Newborn. Using each of the five senses, ask the students to explain what would be characteristic of a newborn baby. QUESTIONS: Why are the senses so important to a newborn? How could this information be used by the parent in meeting the needs of their new child? What kinds of sensory stimulation can parents provide to encourage development in their newborns?

Discuss the importance of responding to an infant's crying. Have several references available that are written by child and parenting experts. Ask students to read selected sections on crying. Share findings with the class. QUESTIONS: In what ways do the experts agree on causes and recommended responses to a baby's crying? In what ways do they disagree? Some experts say that a baby's cry is different when the baby's needs change; for example, a baby cries differently when wet or hungry than when sick. Do you agree with this theory? Why?

Write the word *colic* on the board, and ask students to define the term. Lead students to brainstorm strategies for dealing with babies who are colicky. Instruct students to form these strategies into a list that parents of children with colic could post at home.

Ask students to gather information concerning the use of cloth and disposable diapers. Have them evaluate examples of both types of diapers for quality suitable for maintaining health and welfare of the child, convenience, and cost. Students can develop their own evaluation form for testing the different diapers. Lead students to compare findings with other class members. QUESTIONS: Which diapers were the most cost efficient? the most convenient? What others factors does a parent have to consider when deciding what type of diapers to use for a newborn?

Display Teaching Aid 15.4, Reflexes. Have students identify the reflexes depicted and define the movements according to the Reference Book. Then, post the drawings on the bulletin board and have the

students identify and write a brief description of each.
Lead students to compare the reflexes of a newborn to the reflexes of the parent. Discuss how the reflexes are alike and how they differ.

Divide the class into groups to debate the following statement: "It doesn't matter in what kind of environment a newborn is placed. Babies can live in almost any kind of environment." QUESTIONS: What advice would you give an new mother or father on caring for the newborn psychologically? What outcome do you predict if your advice is followed?

Display Teaching Aid 15.5, Newborns Need Constant Care. Instruct students to signify with a show of hands whether they agree or disagree with the statement, "newborns need constant care." Have students justify their responses.

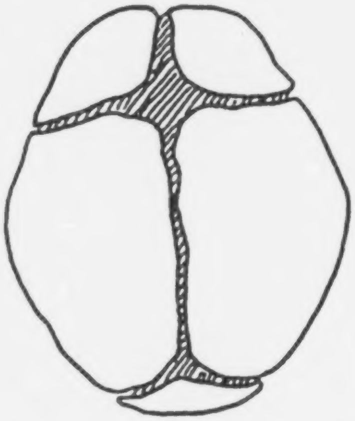
Using the quote found on page 169 of the Reference Book, lead students to discuss the meaning of the following statement: "Human beings, like plants, grow in the soil of acceptance, not in the atmosphere of rejection." QUESTIONS: Why is it vital for newborns to feel that they are accepted and not rejected? Does this need ever change during the life of a child? Why?

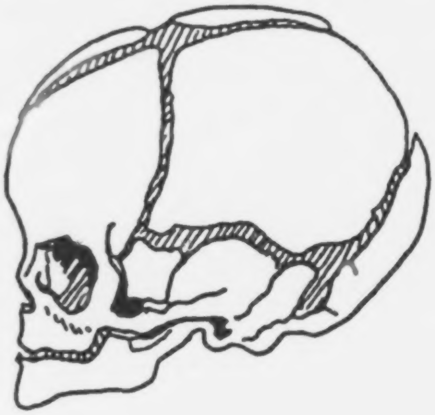
TA 15.1

Characteristics of the Newborn

- Size
- Head
- Proportion
- Skin
- Face
- Hair
- Sexual Characteristics

Fontanels





SOUND

SIGHT

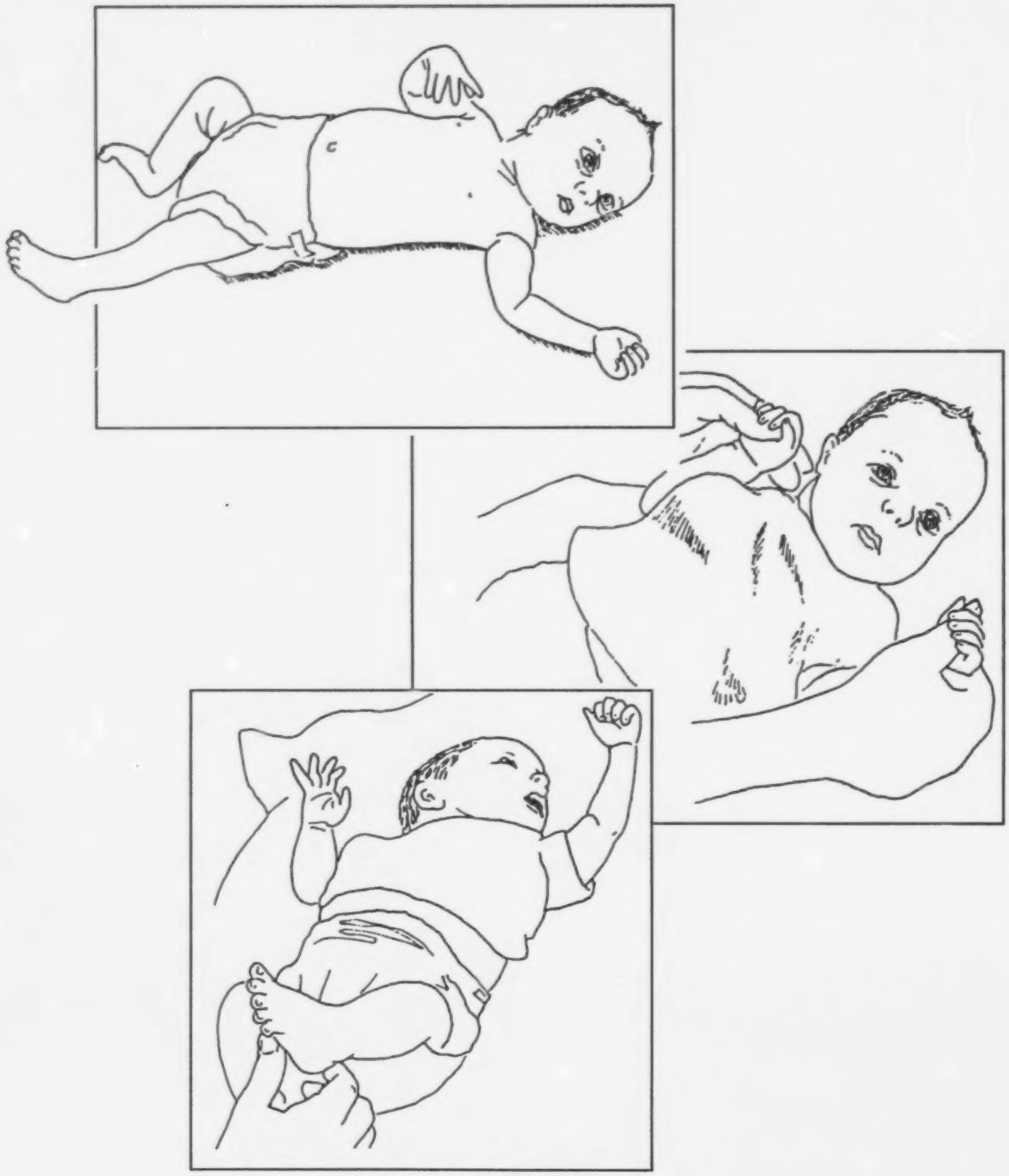
SMELL

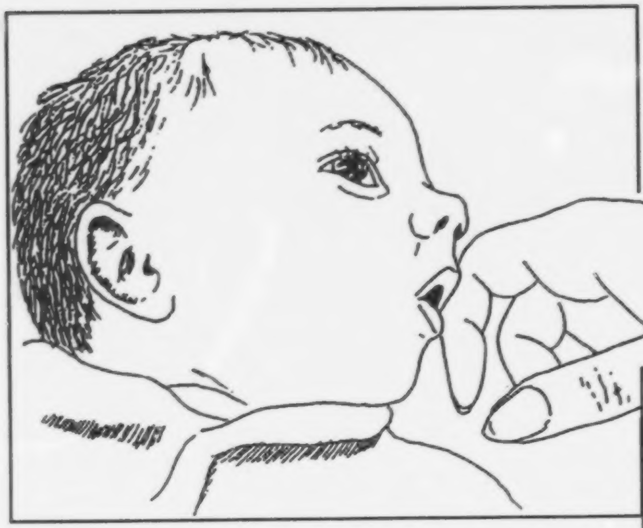
SENSES
and the Newborn

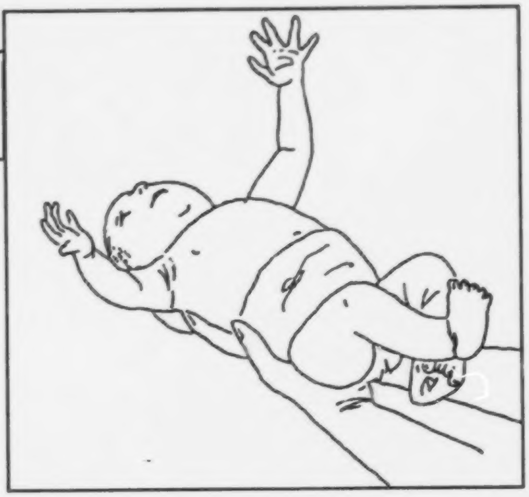
TOUCH

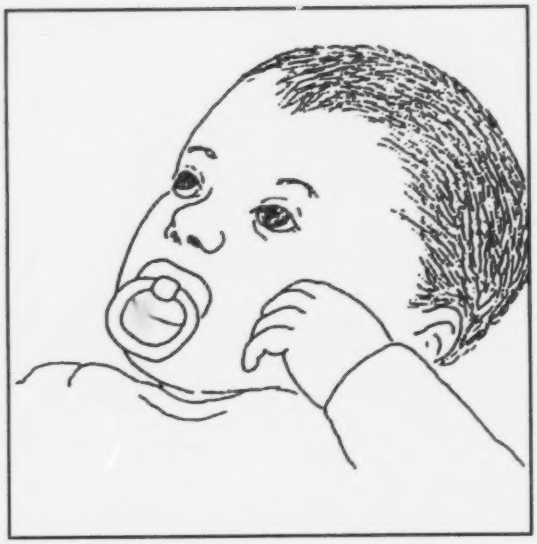
TASTE

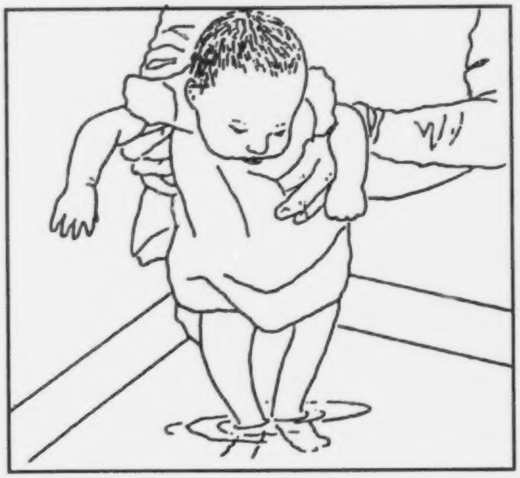
REFLEXES



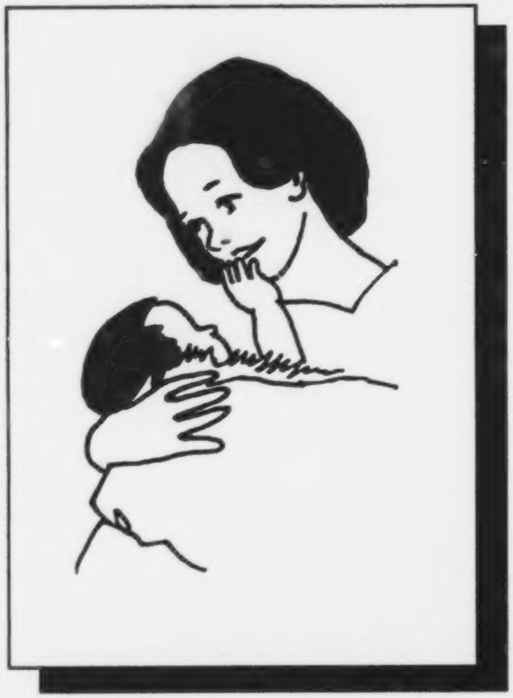


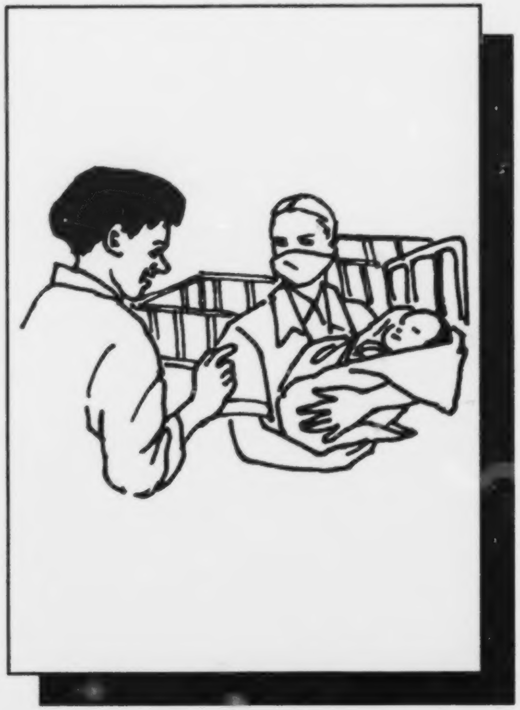


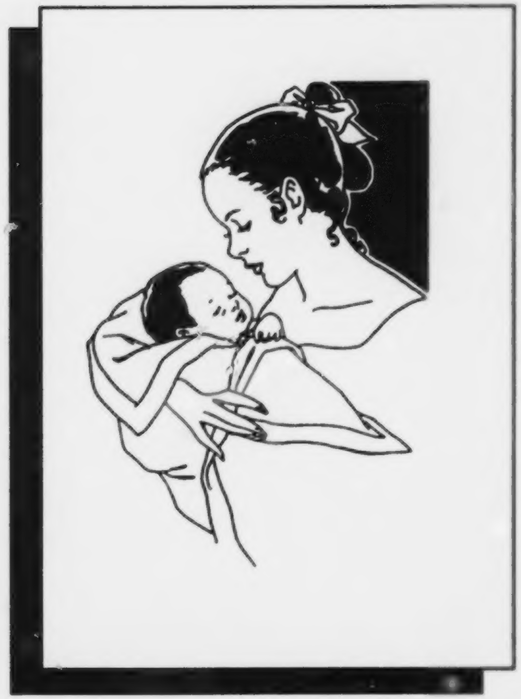




TA 15.5







Newborns Need Constant Care

Activity 15-1 *Physical Characteristics*

Directions: Write a letter to a friend describing how your baby may look or did look as a newborn. Include information regarding weight, length, eyes, mouth and cheeks, head shape, skin, hair, proportion, nose, chin, neck, shoulders, legs, hands, and feet.

Let Me Tell You All About My Baby

Activity 15-2: *Physical Responses*

Directions: Observe a newborn's reflexes. Choose three reflexes listed in the Reference Book and describe how the newborn displays each of the three reflexes. Count how many times in 15 minutes the baby displays these actions. Indicate any reasons or methods that stimulated these reflexes.

	Description of Reflex	Number of Times	Stimulation for Reflex
Reflex 1			
Reflex 2			
Reflex 3			

Activity 15-3: *Physical Characteristics*

Directions: Define the following terms and use each term in a sentence relating to the physical development of children from birth to one year.

Milestones:

Definition ____

Sentence ____

Fontanels:

Definition ____

Sentence ____

Caput:

Definition ____

Sentence ____

Vernix:

Definition ____

Sentence ____

Mongolian Spots:

Definition ____

Sentence ____

Activity 15-4 Physical Responses

Directions: Taking the perspective of a baby, sketch a specific description of the world that surrounds you. Identify the types of sensations that you sense (for example, sight, sound, taste, smell, and touch).

16 Child Development: birth to one year

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

- Describe the stages of growth and development of infants and children from birth to three years of age. (6B)

Teaching Strategies 295
Teaching Aids 299
Student Activities 306

Divide the class into three cooperative learning groups, assigning each group one of the major areas of development—social, emotional, intellectual, physical, and moral. Have each group develop a creative presentation showing the growth and development of children for the following periods:

- birth to four months
- four to eight months
- eight to twelve months

QUESTIONS: How are children different from each other? How are children similar to each other? How do children differ in the ways they change or grow?

Ask students to collect pictures from catalogs and magazines depicting typical growth and development of children for the periods listed above. Remind students to consider all of the major areas of development—physical, intellectual, social, emotional, and moral. Compile pictures into a notebook complete with captions that describe the typical area of development for that age.

Write the following terms on the chalkboard: *infants, developmental stages, sequence, rate, and milestones.* Lead students in developing a definition of each. Compare this definition with the ones listed in the reference text. QUESTIONS: How is your involvement in these developmental stages crucial to the well-being of your child? Why is it important for you as a parent to understand the meaning of each of these terms?

Display a transparency of Teaching Aid 16.1, Remember This. Lead a class discussion about why the statement is important to remember as a child grows and develops during life.

Physical Development

WEIGHT, LENGTH, AND HEAD CIRCUMFERENCE
BODY PROPORTIONS
BONES
TEETH
HORMONES
BODY SYSTEMS
MOTOR DEVELOPMENT

Instruct students to create a height and weight chart indicating average growth for children from birth to one year. Lead a class discussion based on the charts. QUESTIONS: When does the most rapid change in weight occur? Are there noticeable growth spurts in relation to height? What word characterizes changes in height? Why can this chart only be considered a representation of average growth?

Refer to Teaching Aid 16.2, Physical Development—Birth to One Year. Discuss with students how a baby develops physically in the first year of life. Review development in each of the following areas: weight, length, and head circumference; body proportions; bones; teeth; hormones; body systems; and motor development.

Review with students information related to motor skill development. Display Teaching Aid 16.3, Cautions Related to Motor Skills, and have students refer to table 16.1 in the Reference Book, Average Motor-Skill Development During the First Year. Lead students to brainstorm ways to baby-proof a home while considering each month of development. Divide the class into groups, assign each group a specific month of development, and have each group create a poster indicating how to baby-proof a home for a child at the assigned age.

Intellectual Development

MEMORY RETENTION
IMITATION
AVERAGE INTELLECTUAL DEVELOPMENT DURING THE FIRST YEAR
LANGUAGE DEVELOPMENT

Have students review in the Reference Book tables 16.1 and 16.2 depicting typical motor-skill and language development for infants. Lead students to brainstorm interesting, safe household objects that could be used to create an activity center for a six-month-old. Instruct students to draw ideas from objects they have around their home. As a follow-up activity, have students bring these objects from home and describe why each is appropriate, safe, and interesting for a particular age group.

Show Teaching Aid 16.4, Developing Intellectual Skills. Discuss how physical development aids intellectual development. QUESTIONS: What are the primary ways that newborns learn about their environment? What might each sense tell them about the world around them? Why is it important to allow an infant freedom to explore a safe environment? What are ways you can provide your infant with a safe, interesting environment?

Lead a class discussion about ways to communicate with a baby. Include nonverbal and verbal communication. QUESTIONS: What is verbal communication? What are ways you can communicate verbally with your child? What is a cooing conversation? What is nonverbal communication? What are ways you can communicate nonverbally with your child? Ask students to write a story from a baby's perspective that discusses how communication with his or her parent aids self-esteem, language development, intellectual development, and any other aspects of growth.

Display a transparency of Teaching Aid 16.5, Baby Talk. Review with students the different ways in which babies communicate. Ask students to list words and syllables that their babies, or infants with whom they are associated, know. Lead students to compare and contrast the words and syllables listed. QUESTIONS: What similarities in vocabulary exist among the lists? What differences exist? How do you explain similarities and differences? Can you determine where your baby picked up the words or syllables (for example, from a parent, grandparent, siblings, other children, or television)?

Social and Emotional Development

PERSONALITY TYPES

Write the following three types of personalities on the board: sensitive, calm, and aggressive. Displaying Teaching Aid 16.6, Displaying Emotional Development During the First Year. Ask students to list ways of dealing with each type of child. QUESTIONS: What are strategies for dealing with a sensitive child? What are strategies for dealing with a calm child? What are strategies for dealing with an aggressive child? Are there strategies that are similar? Why? Are there strategies that are different? Why? Ask students to role play these strategies. One student should act as a child with one of the three types of temperaments; the other student should act as the parent. Players could be responding to situations such as a parent trying to get the aggressive child down for a nap or a parent trying to leave the sensitive child with a baby-sitter.

EMOTIONAL DEVELOPMENT

Lead a class discussion on emotional development. Ask students to define the term. Ask students to describe characteristics of normal emotional development. Have students review in the Reference Book table 16.3, which describes stages of emotional development. Evenly distribute months to individual class members. Ask students to describe ways that parents can promote the emotional development of children in their assigned age category.

Have students work in groups to outline the similarities and differences between emotional and social development. Lead students to share and discuss their results. QUESTIONS: What are the differences between emotional and social development? What are the similarities? How does one developmental area interact with the other? How can one area aid in the development of the other?

Lead a class discussion about what a sense of attachment means for a baby. QUESTIONS: Why is a sense of attachment important? What happens when children do not develop a sense of attachment? What are ways to promote this type of attachment? Ask students to write an essay that describes the ways they promote attachment or will promote attachment with their child.

SOCIAL DEVELOPMENT

Instruct each student to take out a sheet of paper and write a short paragraph on why it is important for parents to promote positive self-esteem in their infants. Collect the papers, and use them to springboard discussion on the importance of parents promoting positive self-esteem in infants. QUESTIONS: Why is it important for babies to feel good about themselves? How do babies know they are loved and wanted? Ask students to give examples of ways they, as parents could help their baby develop a healthy self-concept.

Display a transparency of Teaching Aid 16.7, Help Your Child Grow. Ask students to describe the emotional and social impact of this type of contact on an infant. QUESTIONS: How does this type of contact help a child to bond? What does this type of contact do for a child's self-esteem? How does it promote a sense of security in a child? How does it impact a child's socialization?

Remember This.....

The age when certain changes occur is not as important as the order of the changes.

Physical Development—Birth to One Year

- Weight, Length, and Head Circumference
- Body Proportions
- Bones

- Teeth
- Hormones
- Body Systems
- Motor Development

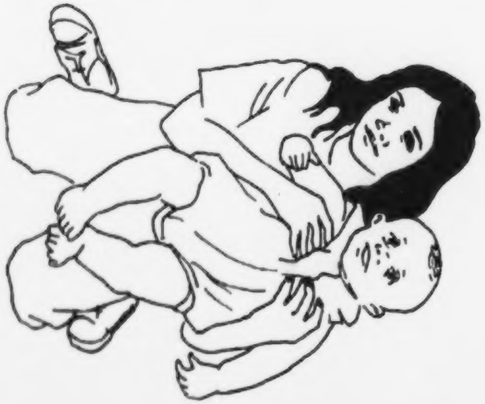
Cautions Related to Motor Skills

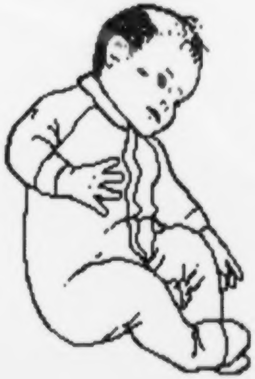
Be on the lookout, your child may...

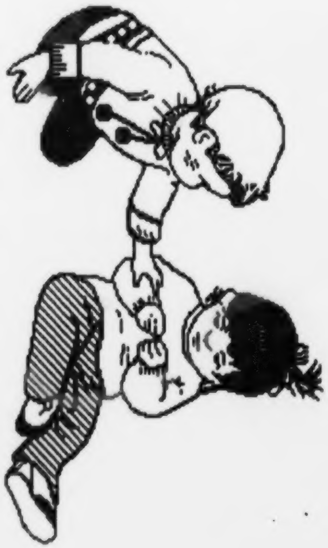
- place small objects in his or her mouth and choke on them
- roll over and off a bed if the bed does not have any rails
- bump into sharp corners of furniture
- pull on electrical wires
- try to poke his or her fingers in electrical outlets

Developing Intellectual Skills

TA 16.4







TA 16.5

Baby Talk

laughing

babbling

cooing

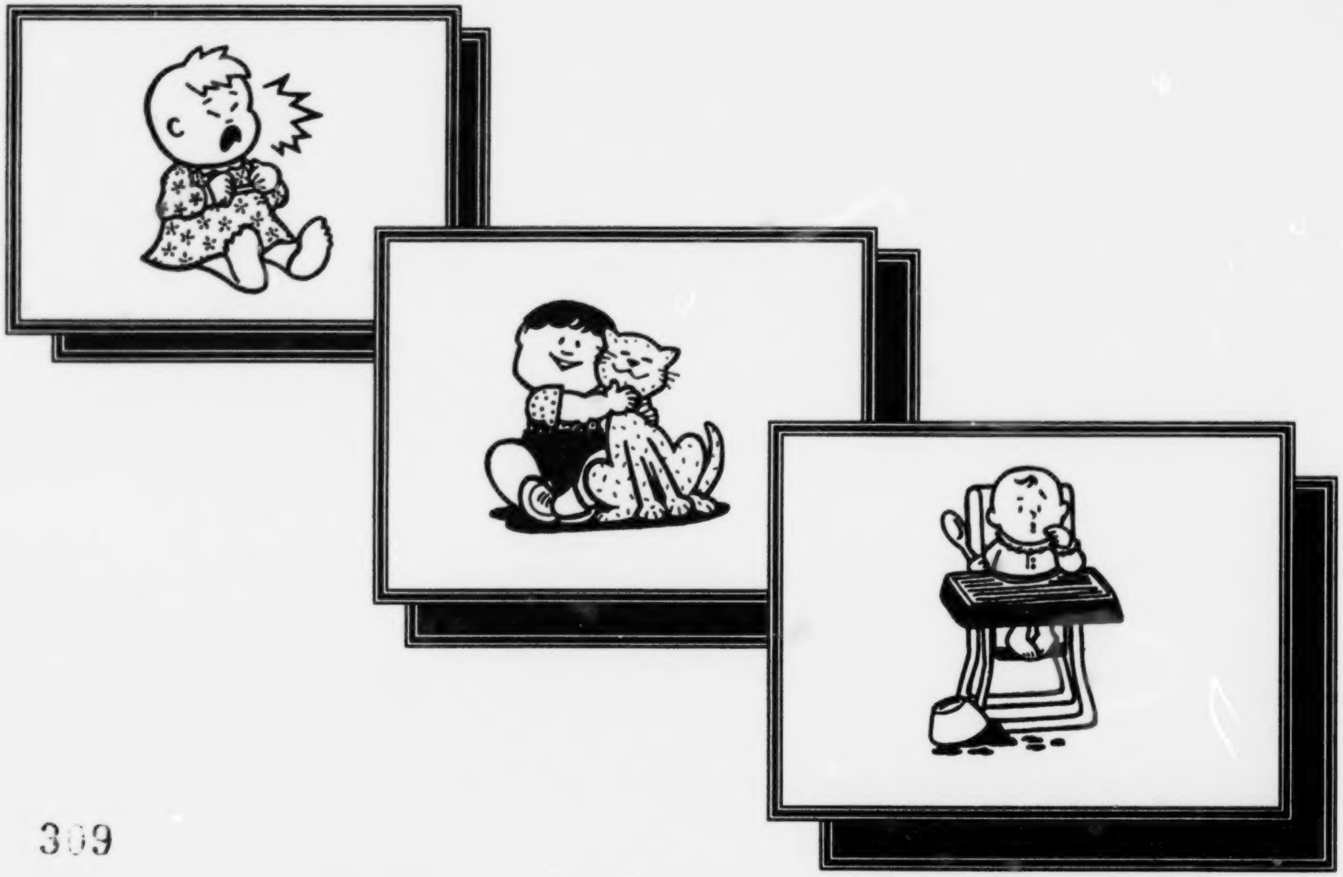
crying

smiling

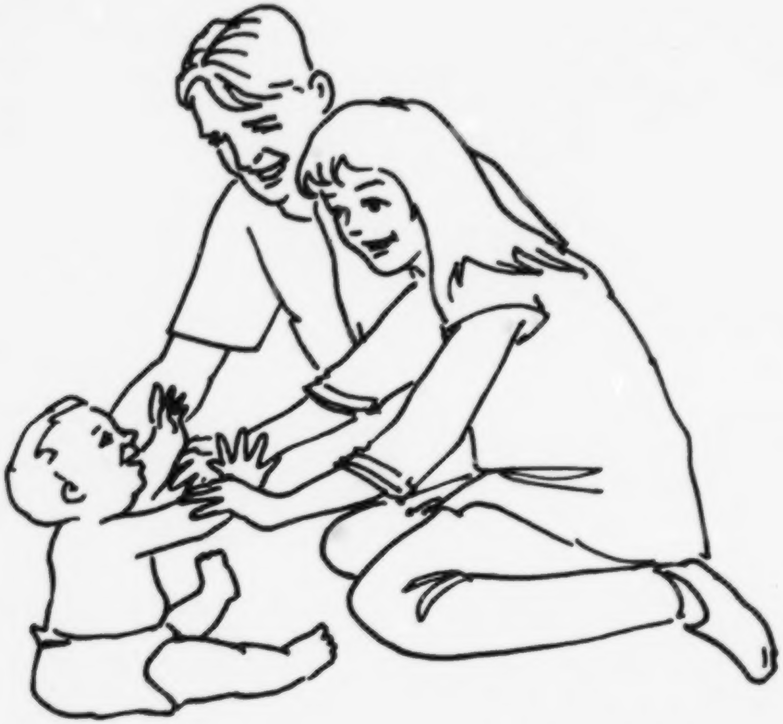
"singing"

TA 16.6

Displaying Emotional Development During the First Year



Help your child grow...



interact with your child!

TA 16.7

Activity 16-1: Physical Development

Directions: Review table 16.1 in the Reference Book. For each month, identify one large motor skill and one fine motor skill.

	Large Motor Skills	Fine Motor Skills
One month		
Two months		
Three months		
Four months		
Five months		
Six months		
Seven months		
Eight months		
Nine Months		
Ten Months		
Eleven Months		
Twelve Months		

Activity 16-9 Intellectual Development

Directions: Observe a baby between seven and twelve months of age. Describe four actions of the baby that are imitative of people the child comes in contact with.

Action:

Description:

Action:

Description:

Action:

Description:

Action:

Description:

314

Activity 16-3: Social and Emotional Development

Directions: Write a scenario describing the reactions of three children each with a different temperament. The children are all being left at a child-care center for the first time. The center is excellent, with adequate staff and equipment. It has a very good reputation, and the parents of the three types of children have checked out the center thouroughly. Each child has been to visit the center one time prior to being left there for the day.

Three Ways of Looking At It:
Social and Emotional Development (birth to one year)

1. Sensitive Child

2. Calm Child

3. Aggressive Child

Activity 16-4 Intellectual Development

Part I

Directions: After reviewing the language development chart in the book, observe a baby between the ages of four months and twelve months. Identify at least five language skills that the baby has accomplished.

Language Skill 1:

Language Skill 2:

Language Skill 3:

Language Skill 4:

Language Skill 5:

Part II

Directions: Write a paragraph that describes the skills this baby will be accomplishing next, according to the chart.

316

17 Child Development: one to three years

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

- ➪ Describe the stages of growth and development of infants and children from birth to three years of age. (6B)

Teaching Strategies 313
Teaching Aids 319
Student Activities 323

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Divide the class into five cooperative learning groups, assigning each group one of the major areas of development—physical, intellectual, social, emotional, and moral. Have each group develop a creative presentation showing the growth and development of children for the following periods:

- thirteen to fifteen months
- sixteen to eighteen months
- nineteen to twenty-two months
- twenty-two to twenty-four months
- twenty-four to twenty-nine months
- thirty to thirty-six months

Ask students to collect pictures from catalogs and magazines depicting typical growth and development of children for the periods listed above. Remind students to consider all of the major areas of development—physical, intellectual, social, emotional, and moral. Compile pictures into a notebook complete with captions that describe the typical area of development for that age.

Physical Development

HEIGHT AND WEIGHT

Discuss heredity and environment in relation to height and weight, and show a transparency of Teaching Aid 17.1, Physical Development. QUESTIONS: Why is height more a result of heredity than environment? Why is weight influenced by both heredity and environment? What type of environmental factors can affect weight?

BODY PROPORTION

Display a transparency of Teaching Aid 17.2, Body Proportion. Show the difference in the proportion between head size and total body length in a newborn baby, a two-year-old child, and an adult. (NOTE: A baby's head size represents one-fourth of the total body length; the head of a two-year-old represents about one-fifth of total body length; an adult's head represents about one-seventh of the total body length.) Discuss how changes occur in the circumference of the body as well.

OTHER BODY CHANGES

Divide the class into two cooperative learning groups. Ask each group to research factors affecting brain development. Suggested areas for research include nutritional concerns and impact of physical abuse. Discuss the implications of a child's brain development to 80 percent by the time he or she is two years old. QUESTIONS: What are factors that should concern a parent regarding brain growth in this crucial time? What can parents do to provide an environment that provides for optimum growth? What role does nutrition play in development of the brain? What are the detrimental effects of physical abuse on brain growth?

TEETH

Invite a dental care expert to speak about teething and preventative dentistry. Ask each student to prepare and ask questions regarding this issue. Suggested topics may include teething pain and remedies, teething order, nutritional concerns in tooth development, preventative care such as brushing and cleaning teeth and fluoride, and impact of poor dental health as an infant on future dental health.

MOTOR SKILL DEVELOPMENT

Lead a class discussion about how physical developmental changes affect safety needs of toddlers as they grow from one to three years of age. Assign each student an age group and ask the student to provide tips for safe inside and outside environments. Instruct students to create and display posters with *Do's* and *Don'ts* of safety for their assigned age group. Refer students to Chapter 14 for more information on safety.

Lead a class discussion about the relationship between eye-hand coordination and fine motor skills. QUESTIONS: What is eye-hand coordination? What muscles are involved in fine motor skills? Why are fine motor skills dependent on eye-hand coordination? Ask students to look back over the list of motor skills and describe in what ways, and at what ages, fine motor skills are being practiced. Ask them to give examples of the need for eye-hand coordination at these skill levels. Instruct students to create an activity that would provide practice of eye-hand coordination and fine motor skills for a given developmental level.

LIFE SKILLS

Instruct students to research up-to-date information regarding toilet training. Students should pay particular attention to the advantages and disadvantages of early training. Have students list tips presented in the information pertaining to methods of reinforcement and parental attitudes. Ask students to present their findings to the class.

Display a transparency of Teaching Aid 17.3, Do's and Don'ts at Bath Time. Lead students to discuss the information regarding the *Do's* and *Don'ts* of bath time. Ask students to provide more *Do's* and *Don'ts*. (For example: Do use rubber mats or adhesive strips in the tub or shower. Do check water temperature before. Do keep young children away from faucets because they are hot and sharp. Do offer water so children won't drink bath water. Don't allow electrical equipment near bathtub. Don't leave your baby unattended. Don't allow the young child to stand.)

Intellectual Development

HOW CHILDREN LEARN
WHAT CHILDREN LEARN

Divide the class into cooperative learning groups. Have each group brainstorm why exploration is important for intellectual development. Ask students to describe ways parents could provide for this exploration, while maintaining a safe healthy environment. Instruct students to list various places that parents could take children that would stimulate their child's intellectual development.

Ask students to visit department stores to investigate the availability of toys and books that students believe promote intellectual development. While at these stores, have students list the features and qualities that make their choices "good." Then, instruct the students to share their findings with each other. QUESTION: How can these toys and books help your child with concept development (such as memorization and categorization)?

Lead students to brainstorm ways in which they could help their children develop intellectually. Tell students to focus on using safe "everyday" things (such as plastic spoons, cups, and socks).

INTELLECTUAL ACCOMPLISHMENTS

Ask for student volunteers to role play a group of parents discussing the intellectual accomplishments of their children. Instruct students who are not participating in the role play to make written observations of the role play. QUESTIONS: What should these parents keep in mind as they discuss intellectual development in children? Why should parents ACT on their child's intellectual development and not REACT to it? How might a child respond to a parent's reactions to her or his intellectual development?

Review the section that discusses *attention span* in the Reference Book. Have students describe activities in which their children have difficulty cooperating because of their short attention span. QUESTIONS: What kinds of things do you say to your child when he or she becomes restless because of a short attention span? How can activities be modified to make up for a child's short attention span?

Have students create posters that display a child solving a problem such as dressing and feeding herself or himself. Display posters in the classroom.

Divide the class into four cooperative learning groups. Instruct each group to develop activities for children (ages one to three) that promote imagination and creativity in the learning of colors, the alphabet, shapes, and animals.

LANGUAGE DEVELOPMENT

Lead a class discussion on communication. Ask a student volunteer to list on the chalkboard or overhead projector ways in which children communicate. QUESTIONS: How can you tell what emotions your child is trying to communicate—verbally and nonverbally? Why is it so important to talk to your child? Why should you consider your child's attention span when communicating verbally? In what other ways can you communicate with your child?

On the chalkboard or overhead projector, write the title "Kid Talk;" underneath the title, create three columns labelled *Words*, *Phrases*, and *Simple Sentences*. Have students copy the title and column headings on a sheet of paper and write down under the appropriate column examples of words or syllables that their children know. Ask each student to identify on the sheet the age of the child being quoted. Lead students to compare and discuss the examples recorded. QUESTIONS: Are there any similarities in vocabulary among the students' lists? Why? Can you (the parent) determine from where the children picked up these words or syllables (such as the parent, grandparent, siblings, television, other children, or radio)?

Write the following on the chalkboard or overhead projector: *My child talks to me when....* Instruct students to write a paragraph in which they list the instances their children are communicative. Place these papers on the bulletin board. Point out the various similarities among the group.

Social and Emotional Development

Have students review social and emotional development in children one to three years of age. Show Teaching Aid 17.4, Displaying Emotional Development from One to Three. Emphasize the relationship between healthy emotional development and healthy social development. QUESTIONS: How can having a healthy social and emotional development at this age affect later development in these areas? Can a person have healthy social relationships without having a healthy personality, healthy behaviors, and feelings? Why?

SOCIAL DEVELOPMENT

Lead students to describe what the term *socialization* means and to discuss how children benefit from the socialization process. QUESTIONS: What persons and factors influence the socialization of a young child? How are social skills developed? Why is it impossible to say that a particular social skill will be evident at any one time?

Lead a class discussion on the ways in which parallel play and cooperative play help children develop emotionally and socially. QUESTIONS: What kinds of emotions are likely to be displayed by a child who does not have opportunities to play? How about the emotions of a child who does have many opportunities to play often?

EMOTIONAL DEVELOPMENT

Lead students to discuss how the emotional development of children differs at each of the following ages:

- twelve-month olds
- eighteen-month olds
- two-year olds
- two and one-half-year olds
- three-year olds

Point out that a child's emotional development may involve stages of harmony followed by stages of disharmony. QUESTIONS: Why are stages of harmony and disharmony important parts of the maturation process? How do parents tend to influence the emotional development of their child?

Have students write scenarios of a child between the ages of one and three who cannot modulate his or her emotions (such as a two-year-old throwing a tantrum at a supermarket check-out stand or a three-year-old who refuses to bathe). QUESTION: How can you as a parent help your child learn to modulate her or his emotions?

Moral Development

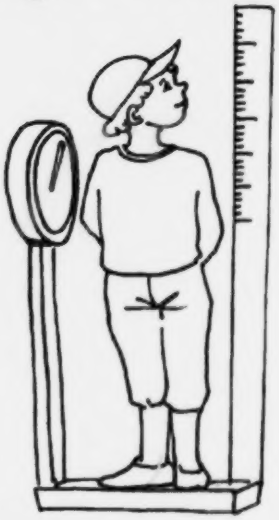
Write the term *moral development* on the chalkboard. Lead students to brainstorm meanings of the term. Lead a discussion on how a child's moral development evolves over time. QUESTIONS: Why is it your responsibility to help your child develop a sense of morality? How are conscience and moral development closely related? Why is it important to be a good role model for your child? What other role models is your child likely to experience? Which are positive? negative? How can parents counter the effects of a negative role model on their child?

Lead a class discussion on ways parents can help their children develop morally; for example, discuss a situation—like hitting another child—in which a child may not yet be able to make generalizations. QUESTIONS: How can moral development help children maintain healthy social interactions? What types of reactions should you expect from a child who cannot yet make generalizations about his or her actions?

Physical Development

A child between the ages of one and three will develop physically in the following areas:

- Height and weight



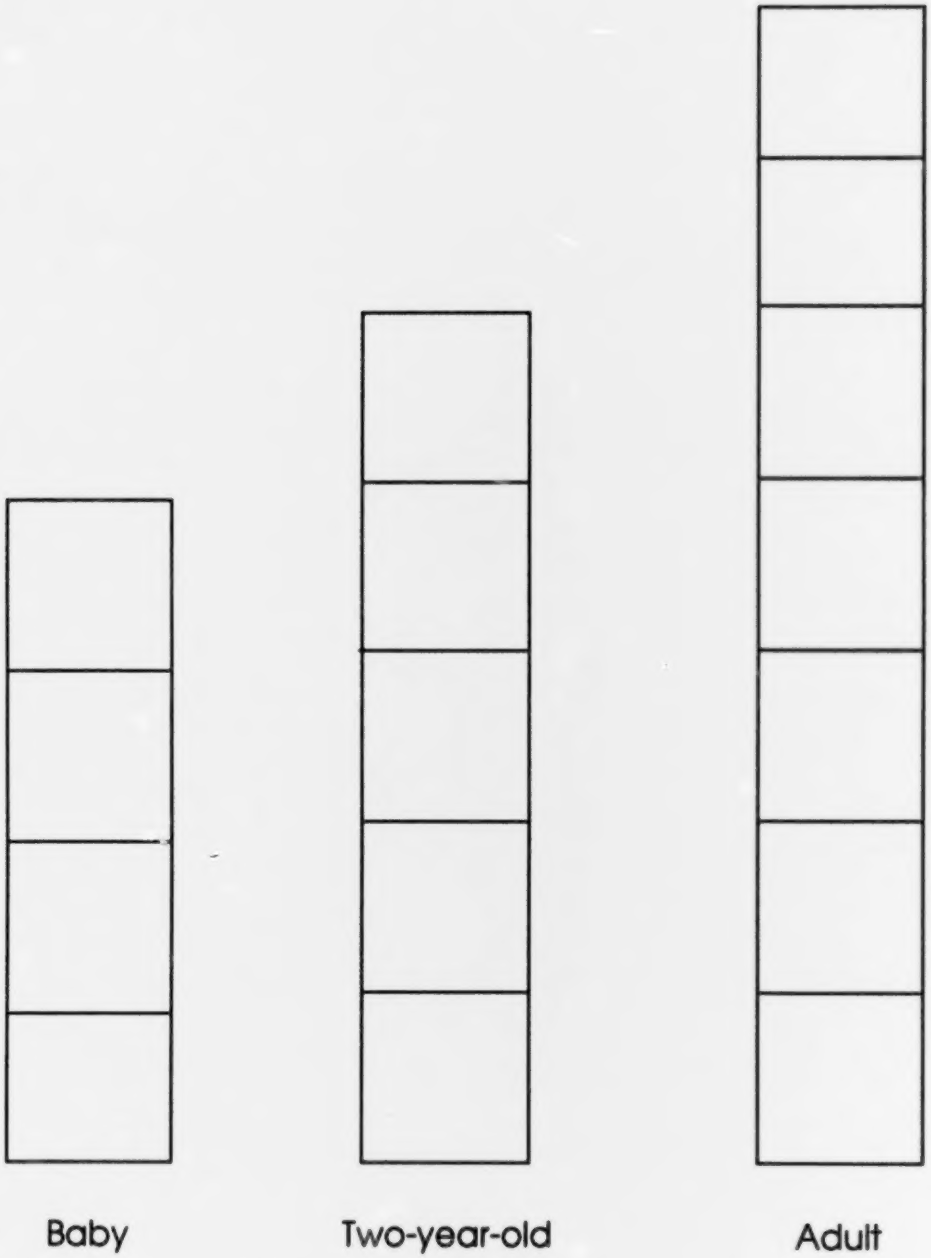
- Posture

- Proportion

- Motor skills

TA 17.2

Body Proportion


Baby
Two-year-old
Adult

Do's and Don'ts at Bath Time

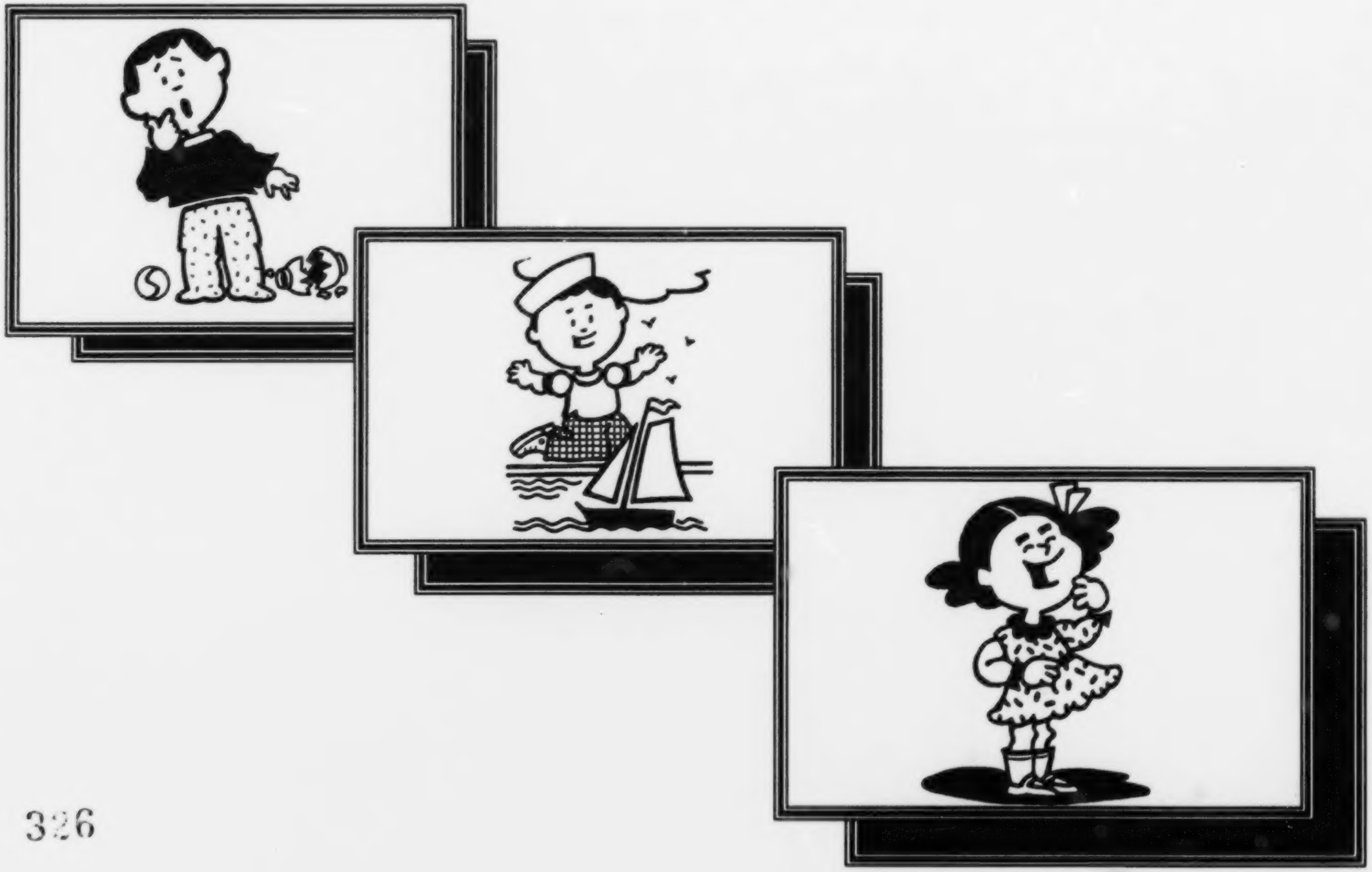
Do...

- ✓ Use rubber mats or adhesive strips in the bathtub or shower.
- ✓ Check the temperature before placing your child in the tub.
- ✓ Keep your child away from the faucet because the faucet can be hot and sharp.
- ✓ Offer water so the child won't drink the bath water.

Don't...

- ✖ Allow electrical equipment near the bathtub.
- ✖ Leave the child unattended.
- ✖ Allow the child to stand in the bathtub.
- ✖ Place sharp objects, such as razors, in or near the bathtub.

Displaying Emotional Development From One to Three



Activity 17-1: Intellectual Development

Directions: Review information in the text regarding the intellectual stages of toddlers. Find three children's books that would be appropriate for this age group. Describe each book. Point out why it is a good choice for this age group.

Book #1

Book #2

Book #3

Activity 17-9 Child Development

Directions: Complete the following activity to identify terms related to child development from one to three years. Match each word in Column A with its definition in Column B.

Column A

_____ 1. attention span

_____ 2. cooperative play

_____ 3. concept development

_____ 4. conscience

_____ 5. deciduous

_____ 6. disharmony

_____ 7. egocentric

_____ 8. eye-hand coordination

_____ 9. harmony

_____ 10. heredity

_____ 11. modulate

_____ 12. moral development

_____ 13. parallel play

_____ 14. socialization

_____ 15. symbolic thought

Column B

A. refers to the characteristics that are passed from parent to child

B. baby teeth that will be replaced by permanent teeth later in life

C. child's ability to coordinate the hands and fingers

D. child's ability to place objects and things into general categories

E. ability to concentrate on one activity for certain periods of time

F. ability to let something represent something else

G. learning how to get along with others

H. people who only think of themselves

I. children playing side by side doing similar things but not cooperatively

J. child interacting and actually playing with another child

K. ability to get along easily

L. adjust emotions to the proper degree

M. feeling for what is right and wrong

N. state of disagreement

O. involves respect for others and ability to make value decisions about what is right and wrong

Activity 17-3: Social Development

Directions: Write a paragraph to answer the question: Why is it important for parents to interact with their children?

18 Influences on Child Development

Essential Elements

(6) Concepts and skills related to the development of children from birth to three years of age.
- Summarize various theories and principles of growth and development. (6C)
- Analyze influences on social, emotional, intellectual, physical, and moral development. (6D)

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Instruct each student to write on a sheet of paper words or short phrases that come to mind in response to the following list of words you will read to them. Allow twenty to thirty seconds between each word.

- growth
- change
- maturation
- learning
- experience
- potential development

Compile a listing of students' responses on the chalkboard or overhead projector. Use the list to create a class definition of the term *development*.

Have students collect pamphlets on various aspects of child development. Sources for pamphlets include physicians, hospitals, Department of Human Resources, libraries, or Department of Health. Have students share their pamphlets with the class. QUESTION: How can parents benefit from learning about theories and principles of growth and development?

Theories of Growth and Development

Have students consult references to research the different theories of growth and development. Divide the class into groups, assigning a major theory to each group. Conduct a debate, allowing each group to explain and defend their theory.

Display Teaching Aid 18.1, Theories of Child Development. Lead students to compare and contrast the various theories covered in the Reference Book. Ask students to discuss ways in which their interaction with and discipline of their children might vary according to the theory being used.

Create a chart with the following headings: cognitive, biological or genetic-influence, psychoanalytic, behaviorist, humanistic, and moral development. Have students observe children (ages one to three) and fill in the chart with examples that relate to each heading. Instruct students to use terms such as *sensorimotor stage, preoperational stage, assimilations, accommodation, equilibration, norms, maturational readiness, deviant behavior, free association, psychosexual stages, psychosocial development, behaviorism, operant conditioning, classical conditioning, positive and negative reinforcement, Maslow's hierarchy of needs,* and *moral reasoning.*

COGNITIVE THEORIES

Instruct students to review the section in the Reference Book on cognitive theories. Lead a class discussion on why children must learn about their physical and social environments. QUESTION: In what ways can learning cognitive theories help parents prepare their children for preschool?

Write the phrase *symbolic* (or *representational) thought* on the chalkboard or overhead projector, and have each student write an individual definition on a piece of paper. Have student volunteers share their definitions with the class. QUESTIONS: What are some of the objects your child uses in representational thought? How do imagination and make believe play help a child develop representational thought? What are examples of these types of play you have observed in children? How do cognitive theories relate to intellectual and social development? (Focus on using terms such as *accommodation* and *assimilation*.)

Write the term *imitation* vertically on the chalkboard or overhead projector. Have a student volunteer write words that begin with each letter of the term that identify ways children imitate others. Use these words to lead a class discussion on imitation. QUESTIONS: What are some of your actions that your child imitates that have helped develop his or her memory? What types of roles has your child taken as the direct result of this imitation?

BIOLOGICAL OR GENETIC-INFLUENCE THEORIES

Review the section in the Reference Book on biological or genetic-influence theories with students. Lead students to discuss the term *norms*. QUESTIONS: What is the purpose of defining developmental norms? What norms does your child characterize in physical skills and behavior? Do the norms that your child displays support the idea of *maturational readiness*? How?

Display Teaching Aid 18.2, Normative Behaviors, and lead a class discussion of normative-maturational theory. Discuss how the norms were obtained and how they have been used. QUESTION: How has the concept of "normal" contributed to the biological approach to development?

PSYCHOANALYTIC THEORIES

Have students review the psychosexual stages of development that Freud theorized; then, have students observe children (ages one to three) and record their observations. QUESTIONS: Do your observations match the psychosexual theories for children at this age? How can these theories help parents understand their child's development? Why are these theories labeled *psychosexual*?

Review Erik Erikson's psychosocial stages. Ask students to reflect on their own childhood experiences. Have students write down specific instances that relate to each of Erikson's psychosocial stages. QUESTIONS: How have your childhood experiences affected the ways in which you function now? How have those same experiences affected the ways in which you interact or will interact with your own children?

BEHAVIORIST THEORIES

Divide the class into cooperative learning groups. Have each group brainstorm examples of behavior acquired through observational learning or modeling. Assign each group an age level to discuss: infancy, toddlerhood, early childhood, middle childhood, and adolescence. QUESTION: What makes the behaviorist theory different from others?

Have students review information presented in the Reference Book and other resources about Pavlov and Skinner. Instruct students to write definitions and examples for each of the following terms: *behaviorism, operant conditioning, classical condition, neutral stimulus, extinct,* and *spontaneous recovery.* Refer to the definitions of *positive reinforcement, negative reinforcement,* and *punishment* in the text for ideas of the types of examples requested.

Display Teaching Aid 18.3, Classical Conditioning, and review the process of classical conditioning. Ask students to think of examples of classical conditioning. Examples could include a child running to the door when hearing a car door slam, expecting a greeting from Grandma.

HUMANISTIC THEORIES

Lead a class discussion on the differences between humanistic theories and behaviorist theories of development. List these differences on the chalkboard or overhead projector. QUESTIONS: Do you as a parent or future parent favor one group of theories over the other? If so, explain. What are the underlying beliefs that the humanistic theorists, such as Abraham Maslow, felt contribute to child development?

Display Teaching Aid 18.4, Maslow's Hierarchy of Needs. Lead a class discussion on the different levels and the importance of each. QUESTIONS: How do parents define *needs* for themselves? How can parents define *needs* for their children? Why can defining these needs for yourself and your child help in creating an environment that promotes unconditional support and acceptance of yourself and others?

MORAL DEVELOPMENT THEORIES

Write the term *preconventional moral reasoning* on the chalkboard or overhead projector. Lead a class discussion on the decisions about moral dilemmas children under eight years old make. QUESTIONS: What motivates children of this age to make these decisions about moral dilemmas? What authority figures primarily influence the decisions of children under eight? What implication does this have for parents of children who are this age?

Principles of Growth and Development

DEVELOPMENTAL SEQUENCE
DEVELOPMENTAL RATES
DEVELOPMENTAL INTERRELATEDNESS
DEVELOPMENTAL CONTINUATION

Divide the class into five cooperative learning groups. Instruct each group to create a chart showing the developmental sequence of the following aspects of one-, two-, or three-year-old children: physical development, intellectual development, social development, emotional development, and moral development. QUESTION: Why is it important for parents to realize that some children may not fit into any time table listing developmental change?

Compile a list of twenty-five developmental tasks. Examples include crawling, reaching, smiling, laughing, walking, running, and climbing stairs. Write each developmental task on an index card. Place the cards in random order on a table or board. Restate the class definition of development. Ask the students to determine what is wrong with the order of the cards. Clarify the concept of developmental sequence by having students as a group, reorder the tasks in true developmental order. QUESTIONS: What is developmental sequence? Why is an understanding of developmental sequence important?

Have students use magazines to assemble pictures of children of different ages. Have students spend a few minutes skimming through the pictures. Lead students to discuss ways in which the children in the pictures differ from one another and why those differences are important. QUESTIONS: What factors account for developmental differences in children? Why is it important to recognize individual developmental differences in children?

Have students illustrate issues of developmental rates by creating a bulletin board display. Have students prepare the title heading *Explaining Children's Development.* Place the heading across the top of the bulletin board. Instruct students to cut out a large question mark (*?*) and place it in the center of the board. Place the words *heredity*, *environment*, and *motivation* in the area with the question mark. At the bottom, arrange small cards with words such as experience, person, learned, external, and internal in the area of the appropriate subheading. Use the bulletin board as a focal point for a class discussion on developmental rates.

Influences on Development

FAMILY

Have students observe two or more infants who are approximately two or three months apart in age. Have the students record the differences in social, emotional, intellectual, physical, and moral development they notice while observing the infants as they eat, play, and receive care.

Write the phrase *primary caregiver* on the chalkboard. Ask students to define the phrase. Lead students to brainstorm a list of persons who might be considered primary caregivers. Then have students describe the things primary caregivers provide for children. QUESTIONS: In what ways do primary caregivers differ from other adults in their relationship to children? What are some of the physical needs of children for which primary caregivers provide? What social and emotional needs do primary caregivers provide?

Lead students to discuss how families can help children develop socially, intellectually, and emotionally. Point out the importance of interaction and communication—verbal and nonverbal—that occurs in families.

FAMILY DIFFERENCES

Ask students to identify the type of family in which they grew up. Have students refer to types of families listed in the Reference Book, or allow students to describe other types of families. QUESTIONS: How has your personal experience shaped your attitudes about interrelationships in the family? How will this type of interrelationship affect the ways in which you will raise your child?

Ask two students to role play a parent and child discussing the parents' upcoming divorce. The parent should make sure to include the following ideas: the child may feel responsible for the divorce and children often feel as though they must choose sides. Follow-up with a discussion on developmental regressions. QUESTIONS: What are developmental regressions? What are some examples of how children regress developmentally during a difficult family change? What can parents do to help children cope successfully during a time of change?

SECONDARY CAREGIVERS

Have students call local child care centers and inquire about the staff, facilities, and any programs that they have for children. QUESTIONS: What types of individuals should be employed by these facilities? Why is it important that these individuals provide a good environment for your child?

After a preliminary inquiry about local child care facilities, invite a staff member from one of the facilities to discuss the necessity of providing a good environment for your child. Instruct students to prepare questions in advance for the guest speaker to answer.

OTHER INFLUENCES ON DEVELOPMENT

Review the information presented on page 212 of the Reference Book regarding Culture and Social Institutions. Lead students to discuss the role of society in shaping a child's physical and social development. Instruct students to sketch situations depicting children who spend much of their time in front of a television. In addition, have your students sketch children who do not spend much time in front of a television. QUESTIONS: How is a child's physical development directly related to her or his television-viewing habits? How can television viewing affect a child's ability to associate with other children?

Show students videotapes of television programs that children watch. Include examples of educational programs as well as cartoons. After viewing the videotapes, lead a class discussion on the effects television programs can have on the intellectual and emotional development of children. QUESTIONS: What types of social issues do these programs address? In what ways do these shows address these issues? (Allow students to describe the ways in which children can identify with the characters on these shows.) How do the programs your child watch, or may watch, differ from the programs you can remember watching when you were a child?

THEORIES OF CHILD DEVELOPMENT

COGNITIVE

BIOLOGICAL/
GENETIC-INFLUENCE

PSYCHOANALYTIC

BEHAVIORIST

HUMANISTIC

MORAL DEVELOPMENT

BEST COPY AVAILABLE

NORMATIVE BEHAVIORS

DRINKING BEHAVIOR

Approximate Age	
18 mos.	lifts cup to mouth; drinks easily; may drop cup
21 mos.	handles cup well, replaces on table easily
24 mos.	drinks holding with one hand
36 mos.	pours well from a pitcher

SELF-FEEDING BEHAVIOR

18 mos.	fills spoon with food; has trouble getting spoon to mouth; turns spoon in mouth; spills a lot
24 mos.	inserts spoon without turning; spills less
36 mos.	may hold spoon with palm up; less spilling

MEALTIME BEHAVIOR

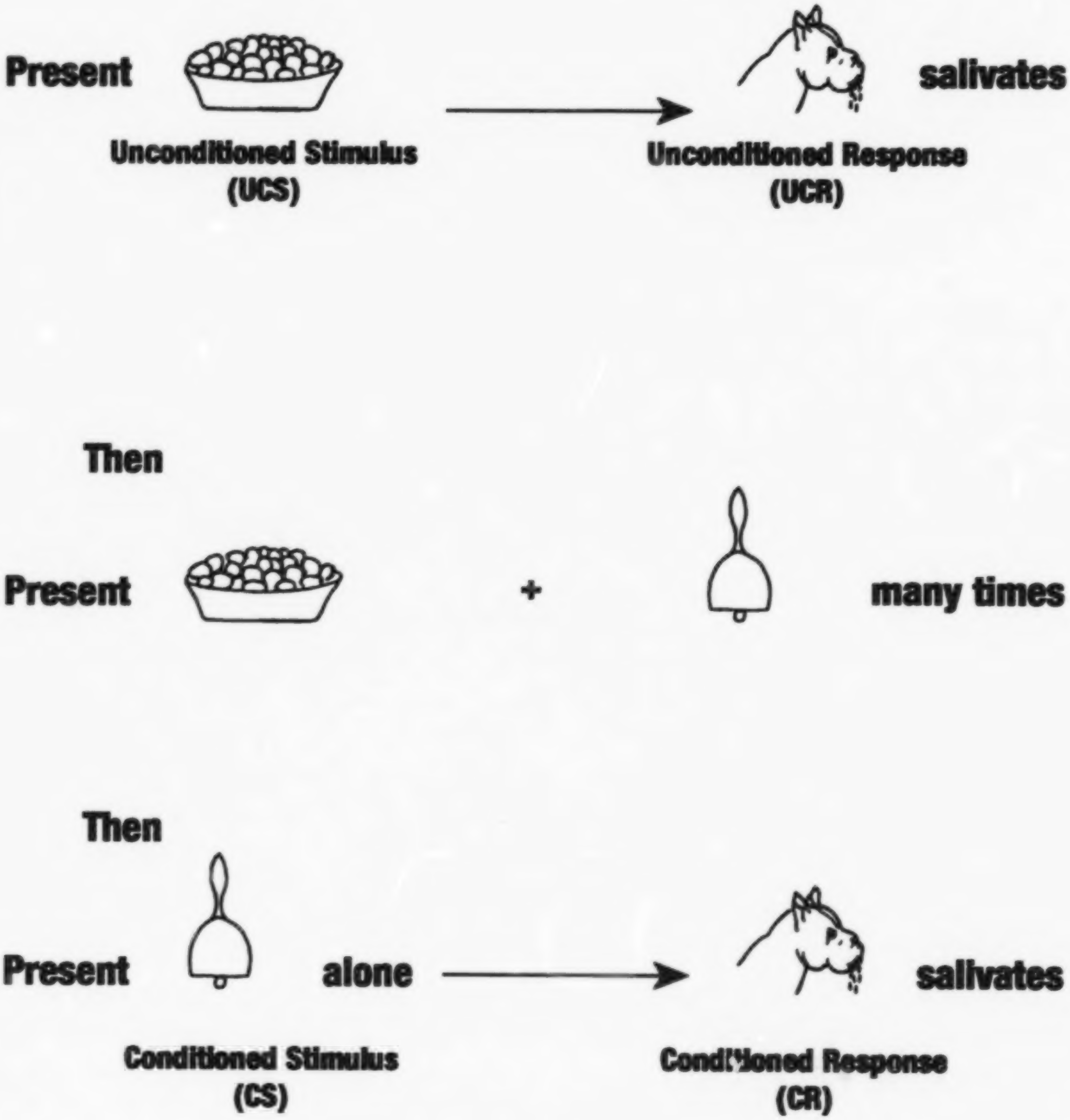
18 mos.	hands empty dish to parent
24 mos.	dawdles and plays with food often; refuses disliked food; little conversation; likes to stir
36 mos.	likes to set table; rarely needs help with eating; either talks or eats

OUTDOOR WALKING BEHAVIOR

15 mos.	walks a short way then wants to ride; likes to hold onto stroller
18 mos.	runs ahead; interested in everything
21 mos.	more conscious of adult; less exploring; may want to hold hands; likes to push stroller
24 mos.	lingers at frequent stops; may go in opposite direction under pressure; may refuse to hold hands
30 mos.	often dawdles; runs to catch up; chooses to hold hands; begins to think of destination
36 mos.	has definite ideas of destination; may refuse to hold hands

TA 18.3

Classical Conditioning



Present → salivates

Unconditioned Stimulus
(UCS)

Unconditioned Response
(UCR)

Then

Present + many times

Then

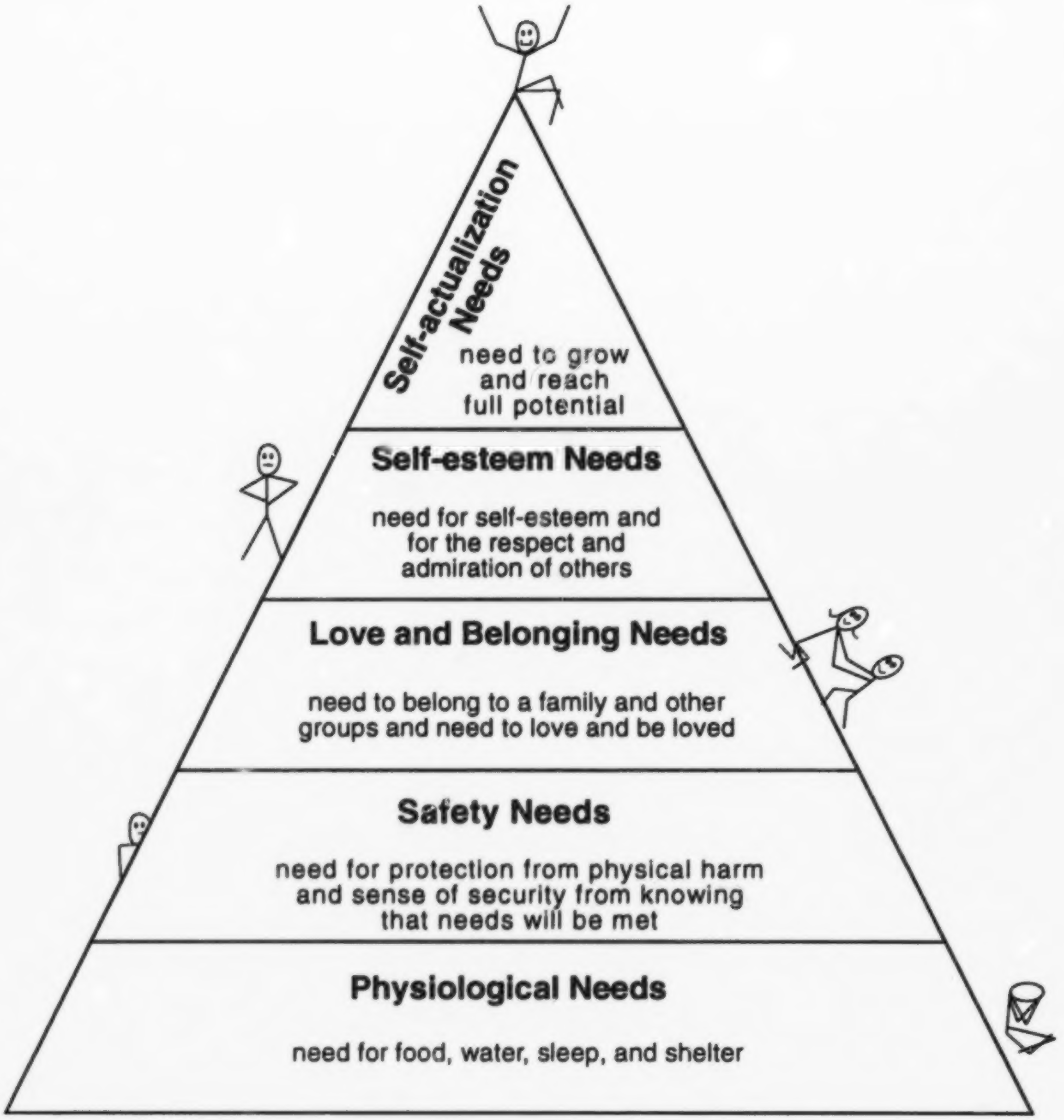
Present alone → salivates

Conditioned Stimulus
(CS)

Conditioned Response
(CR)

TA 18.4

Maslow's Hierarchy of Needs



Self-actualization Needs

need to grow and reach full potential

Self-esteem Needs

need for self-esteem and for the respect and admiration of others

Love and Belonging Needs

need to belong to a family and other groups and need to love and be loved

Safety Needs

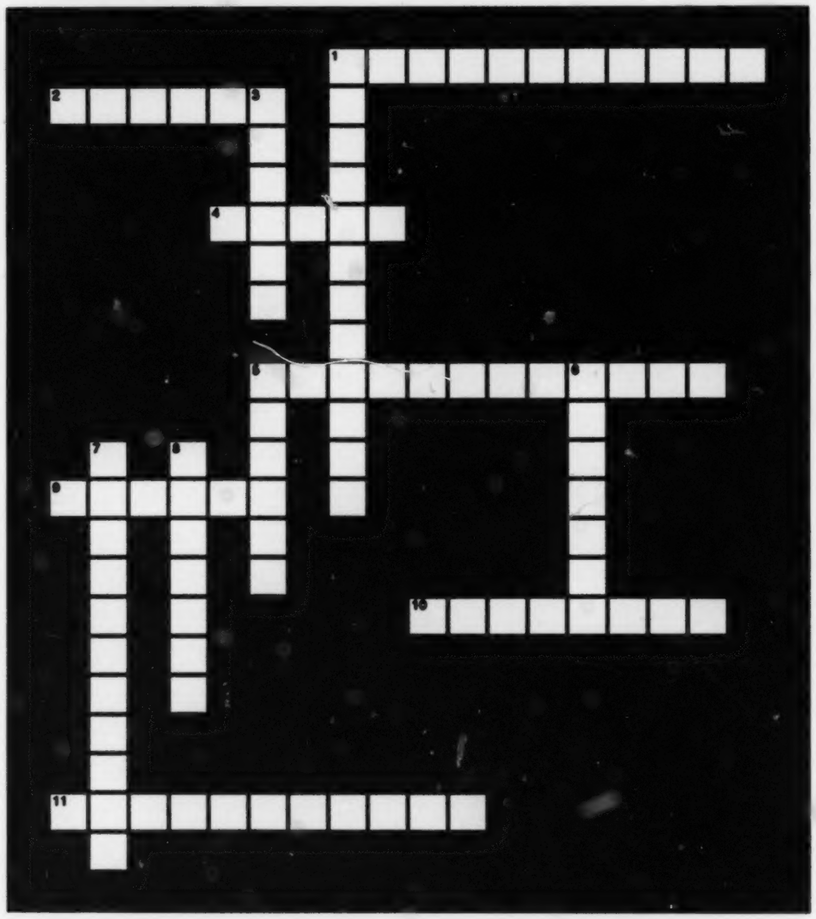
need for protection from physical harm and sense of security from knowing that needs will be met

Physiological Needs

need for food, water, sleep, and shelter

Activity 18-1: Theories of Growth and Development

Directions: To review terms and information about theories of growth and development, complete the following activity. Read each clue below the puzzle, then write the letters of the word in the boxes of the corresponding item number in the crossword puzzle.



ACROSS

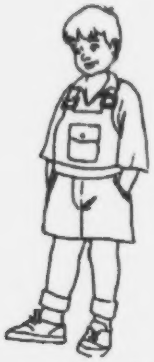
1. When a child absorbs new information into an existing scheme.
2. Swiss psychologist who won fame for his studies of the thought processes of children.
4. Standards which indicate when children normally show certain skills or behavior.
5. _____________ readiness refers to the theory that a child must be mature enough, emotionally and physically, in a given area before training in that area is effective.
9. Is responsible for the normative/maturational theory.
10. Type of reinforcement that refers to the presentation of a pleasant stimulus following behavior, increasing the likelihood that the behavior will be repeated.
11. Type of development that deals with a person's psychological development in relation to her or his social environment.

DOWN

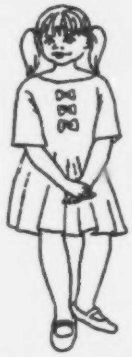
1. Results when a child changes an old concept to fit a new piece of learning.
3. An organized set of ideas or a plan involving a topic.
5. A major theorist in humanistic psychology.
6. Conditioning that is a learning process; the results or consequences of a particular behavior either encourage or discourage the repetition of that behavior.
7. Traditional learning theory that credits the environment as the primary source of developmental factors.
8. Type of behavior that is abnormal or strays from the norms of society.

Activity 18.9 Principles of Growth and Development

Directions: Review principles of growth and development by completing the following activity. Look at the pictures below and answer the questions that follow related to developmental sequence, rates, interrelatedness, and continuation.

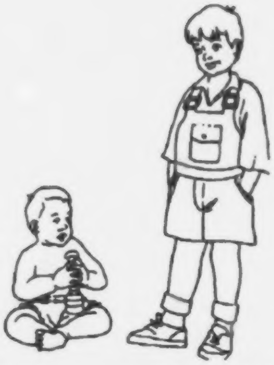


Four years old

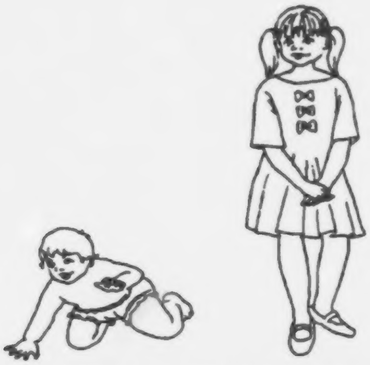


Four years old

How might the development of Emilio and Janelle have been the same? (Consider developmental sequence, interrelatedness, and continuation.)



Emilio has changed in certain ways from birth to age four years



Janelle has changed in certain ways from birth to age four years

How might the development of Emilio and Janelle have differed? (Consider developmental rates.)

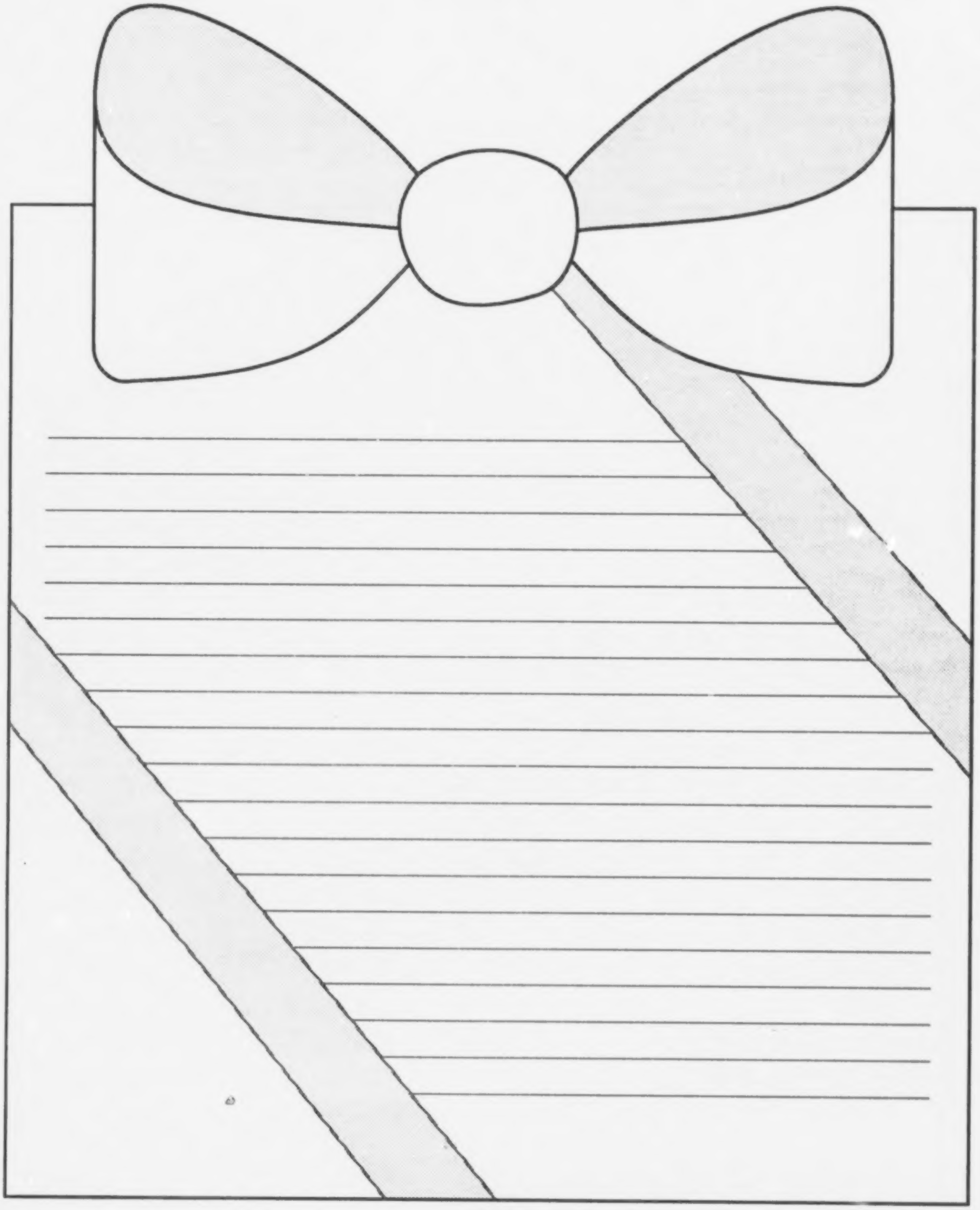
Activity 18-3 *Influences on Development*

Directions: Complete the following activity to identify influences on physical, intellectual, social, emotional, and moral development. Look at the grid below. Identify one factor that will influence the physical development of a child, negatively or positively, that is also influenced by heredity. Write that factor in box one. Identify one factor that will influence the physical development of a child, negatively or positively, that is also influenced by environment. Write that factor in box two. Using the same format, complete boxes three through ten.

Type of Development	*Factors that Influence Development*	
	HEREDITY	ENVIRONMENT
PHYSICAL	1	2
INTELLECTUAL	3	4
SOCIAL	5	6
EMOTIONAL	7	8
MORAL	9	10

Activity 18-4 Influences on Development

Directions: Write a paragraph describing family traditions and cultural and religious influences you would like to pass on to your child. Then describe why handing down these beliefs and traditions is important to the development of your child.



Activity 18-5 *Influences on Development*

Directions: View one television program that you might consider appropriate for a three-year-old to watch and one that you might consider inappropriate. Compare and contrast the two programs.

Appropriate	Inappropriate
Name examples of concepts portrayed that make the program appropriate.	Name examples of concepts protrayed that make the program inappropriate.
If my three-year-old child wanted to watch this program, I would...	If my three-year-old child wanted to watch this program, I would...
What is the age group for which the program is appropriate? Explain.	What is the age group for which the program is appropriate? Explain.

19

Play and Child Development

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

- Relate the significance of play to a child's development.(6F)

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Play and Development

PHYSICAL DEVELOPMENT
INTELLECTUAL DEVELOPMENT
EMOTIONAL DEVELOPMENT
SOCIAL DEVELOPMENT

In order for your students to gain an understanding of the importance of play in a child's development, have the students make sample schedules of their child's routine in an ordinary day. Point out the number of times the child is involved in some kind of play. QUESTIONS: In what ways has this play contributed to your child's intellectual development? to his or her emotional and social development? to her or his physical development?

Have students list as many children's toys and games as possible. List on the chalkboard different skills developed through play, such as large motor skills, fine motor skills, creativity, and fantasy. Instruct each student to write the skills developed through play that were listed on the chalkboard on his or her own paper and then write the name of each toy or game in the column that best describes the skill developed.

Instruct students to visit a toy store to research the variety of toys currently available that promote physical and intellectual development. Have each student record the names of at least five different toys. Lead students to share and discuss their findings. QUESTIONS: What qualities do these toys possess that contribute to the child's development (such as colors, size, and texture)? Do you think each toy is reasonably priced? Why?

Divide the class into groups, and have each group construct a list of reasons why play is important in child development. Have students reflect on their own childhood experiences as they construct the lists. Lead groups to share their reasons with the class.

Have students role play a scene in which new parents feel that their child is just wasting time and energy in play. In the scene, introduce a character that explains to the parents that play is an important part of the child's emotional, physical, intellectual, and social development. Teaching Aid 19.1, Play and Child Development, can be presented to the parents to reinforce the argument in favor of play.

Instruct students to use photographs or illustrations cut from magazines to create collages that display children playing in varying situations. Ask the students to label the types of play being depicted in the pictures. Display the collages in the classroom.

Invite the parents in the class to bring their children (ages one year to three years) to class. Guide students in the class to prepare by setting-up play activities involving books, puzzles, and blocks. Let the children play freely with their parents' supervision. Give each child a name tag so that all students can easily identify the child. Distribute copies of Teaching Aid 19.2, Observing Children Play, and have each student record the actions of a child whom the student has been assigned to observe.

Instruct students to bring one of their favorite toys from their childhood or to sketch or prepare a written description of the toy if it is not still available. Have them tell about their memories of playing with the toy. QUESTIONS: What toys were your favorites when you were a child? Why?

Have students make toys with which children can play. Instruct them to consider the need for promoting physical and intellectual development in children when designing the toys. Have students present their toys to the class, explaining each and describing how the toy promotes development in a safe manner.

Instruct students to draw pictures of children involved in activities that stimulate the mind. Remind the students to consider the safety of the children as they play. Have the students place their drawings on the bulletin board.

Display Teaching Aid 19.3, Play that Promotes Intellectual Development, on the bulletin board or on the overhead projector. Divide the class into groups and have each group analyze the effects of the play depicted in the teaching aid.

Divide the class into groups and have them construct their own definitions of the types of play overviewed in Reference Book. Teaching Aid 19.4, Kinds of Play, lists the names of the categories of play described in Chapter 19 of the Reference Book.

Ask students to respond to the statements on Teaching Aid 19.5, Social and Emotional Development, which provides general information on how these two areas of growth are affected by play. Invite secondary caregivers to visit the class to discuss the importance of play to a young child's physical, intellectual, social, and emotional development. Ask students to prepare questions in advance for the caregiver to answer.

Choosing Tools for Play

TOYS

Lead students to brainstorm factors that make a toy durable. They might consider such factors as materials from which a toy is made and the way in which the toy is constructed. Ask students to bring examples of toys they have that have proven to be durable. Have them also bring toys that have lasted only a short time. Ask the students to apply the durability factors that they previously brainstormed to a comparison of the toys that were brought to class.

Display a collection of toys in class. Include both toys that are considered safe as well as others considered unsafe. Ask students to view the toys and decide if they fit the safety criteria found in the bulleted list on page 218 of the Reference Book. QUESTIONS: How should parents use the listed criteria for buying or accepting toys for their children? What consequences could result from use of a toy which violates each criterion? (For example, a toy smaller than the child's two fists could be placed in the mouth and cause choking.)

Write the phrases *Developmental Appropriateness* and *Cost Effectiveness* on the chalkboard. Ask students to provide examples of toys that are developmentally appropriate and cost effective for infants, toddlers, preschoolers, and school-age children.

BOOKS AND STORIES

Take students to visit the children's section of the local library. Ask the librarian to give a tour, pointing out developmentally appropriate sections for different ages of children. Have the librarian explain how books are categorized by age group for children. Ask the librarian to show students favorite books of children in different age groups. If the library has a story hour, ask the librarian to explain the importance of this event and what it involves.

Bring a stack of children's books for the students to view, or ask them to bring in their favorite children's books. Instruct students to examine the books for content and interest level and then decide for what age group the book is best suited. Ask individual students to role play reading books to different ages of children.

Significance of Play

INFANTS

Discuss ways parents can play with infants. QUESTIONS: Why is it important to stimulate an infant's senses? How might this be accomplished? Why should parents talk and read to infants? Why should infants have the opportunity to play with objects that have differing textures, make different noises, and have various colors? Why is it important to occasionally provide an infant with new toys?

TODDLERS

Ask students to refer to the section in the Reference Book entitled Significance of Play for toddlers. Have students refer to the bulleted list and describe situations where they could apply the listed hints when playing with their toddlers. Lead students to share their responses.

PLAY AND CHILD DEVELOPMENT

To children, play is as important as eating and sleeping because it is through play that much of a child's development takes place.

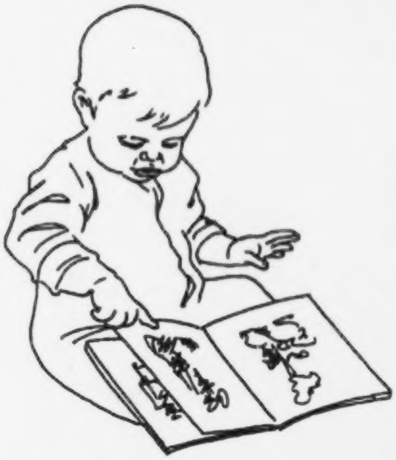
Observing Children Play

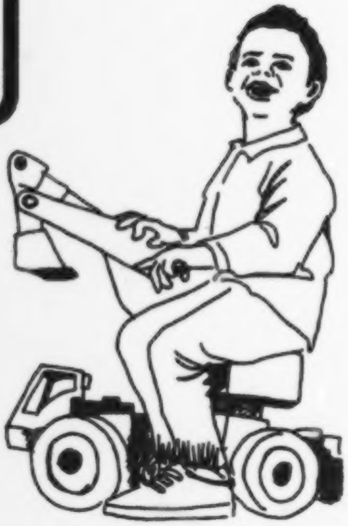
Name of child ______________________________

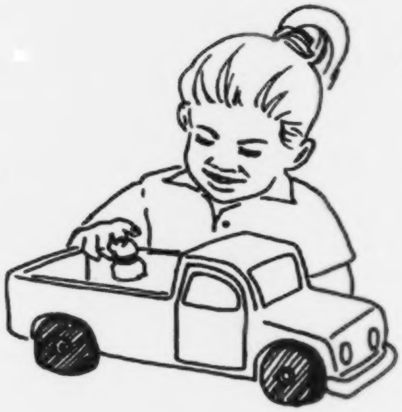
Age ______________

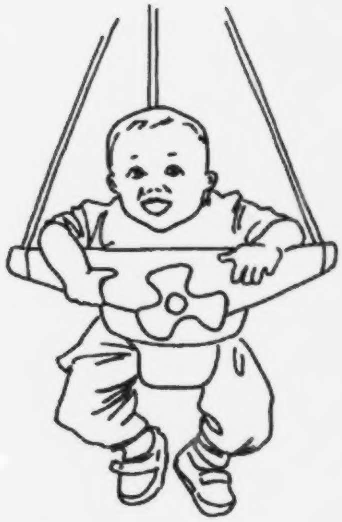
Description of activities (Type of play/activity; Use of fine or gross motor skills; etc.)

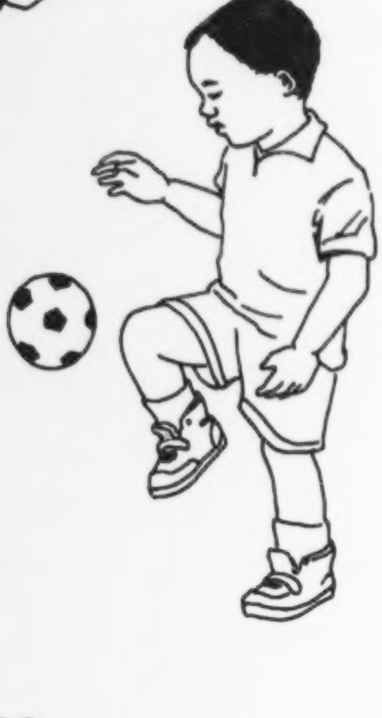
Play That Promotes Intellectual Development

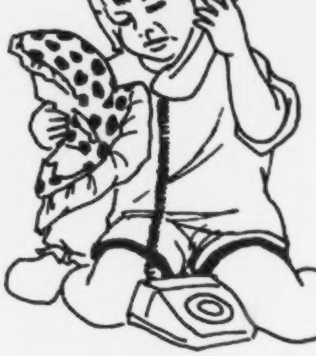




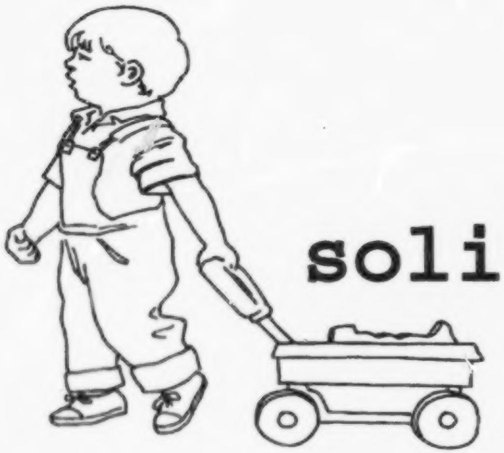




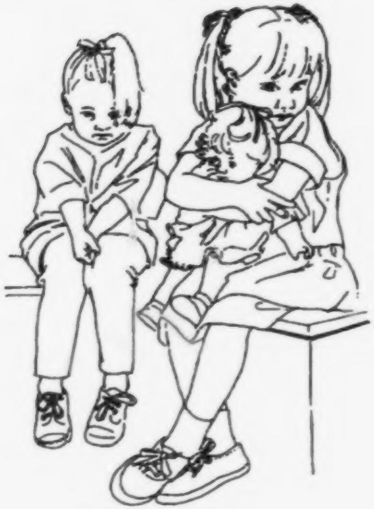




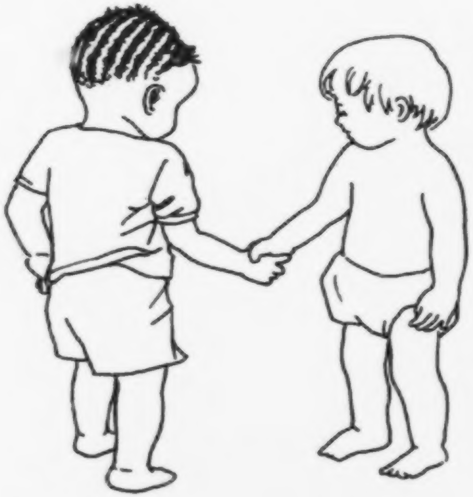
Kinds of Play



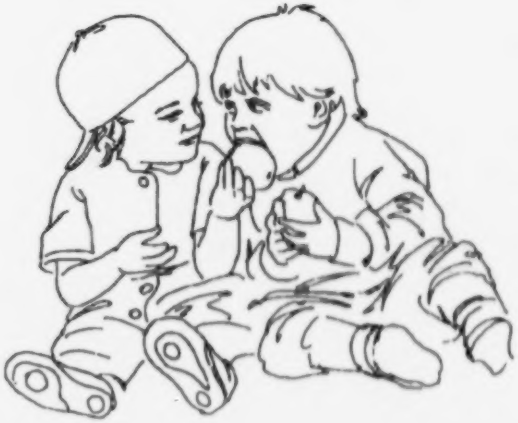
solitary



parallel



dramatic



cooperative

Children begin to learn how to conform to group rules, contribute to the group, and cooperate with others through play.

Social and Emotional Development

During play, children also develop emotionally by acting out feelings in safe ways.

Activity 19-1: Play and Development

Directions: List activities that promote physical development in children between the ages of one and three.

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Activity 19-2: Play and Development

Directions: Sketch drawings or use pictures from magazines of children involved in the following activities: solitary play, parallel play, cooperative play, and dramatic play. Label each picture with the type of play depicted. (The pictures can depict more than one type of play.)

Activity 19-3: Choosing Tools for Play

Directions: Describe a particular toy you liked as a child. Why was the toy special? What type of play were you demonstrating?

Activity 19-4: Significance of Play

Directions: Draw facial expressions, using appropriate emotions, to correspond to the situations.

Gloria has been playing by herself while the other children have been playing Red Rover.

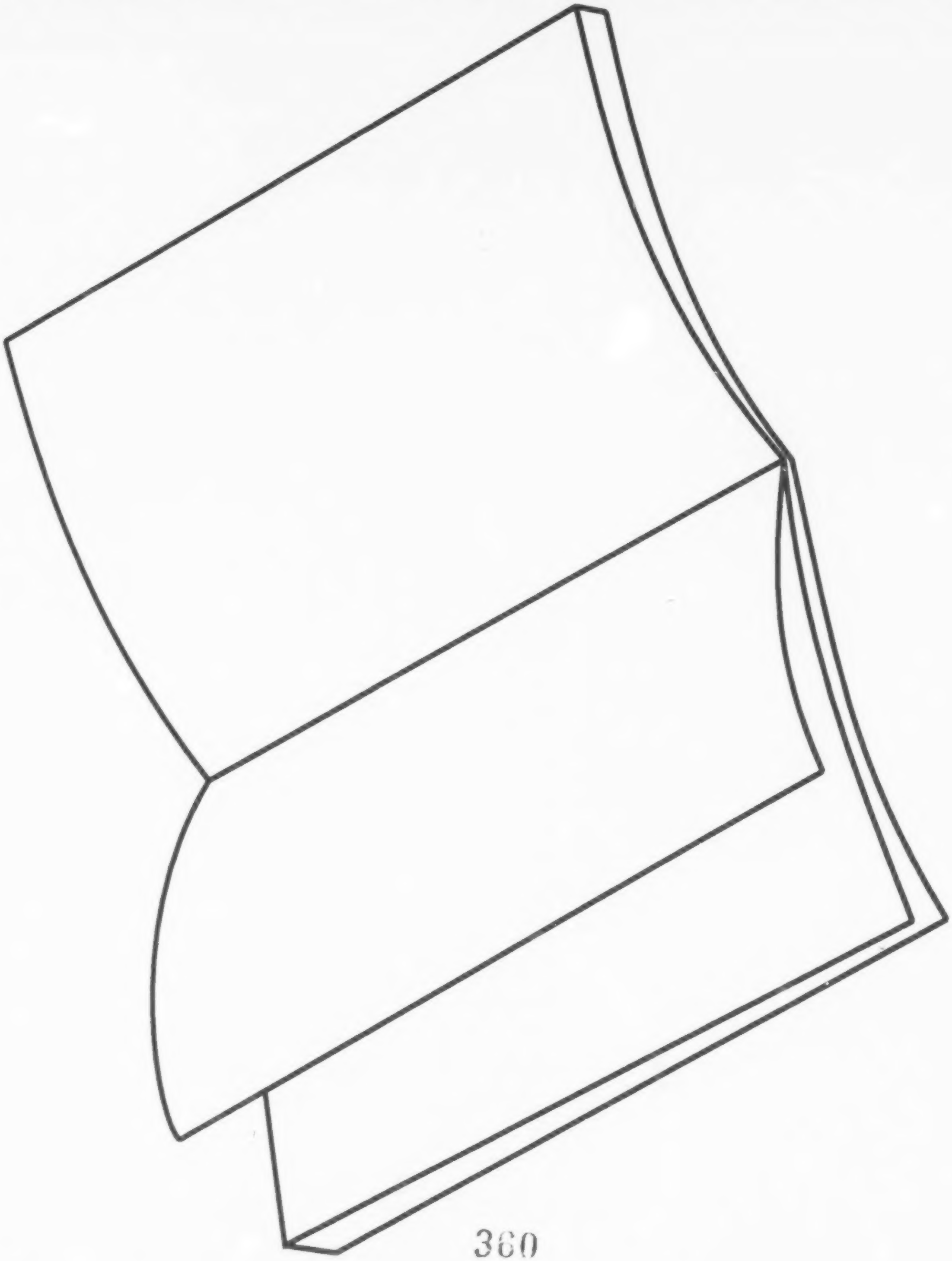
Miguel, an eighteenth-month-old toddler, has just finished stacking five blocks all by himself.

Linda's "best friend," Maria, has found a new "best friend," Liza, to play with.

Julian's parents got him a new toy airplane, and he took it to preschool with him.

Activity 19-5: *Significance of Play*

Directions: Create a bedtime story to tell to Natalie, your three-year-old daughter. Natalie loves animals, dolls of any kind, playing games, the colors pink and purple, and playing with her neighbor, Alaina. Use this description to write a personalized story for Natalie. (You may change the description and name to match your own child.)



20

Parents as Role Models

Essential Elements

(4) Concepts and skills related to the development of children to three years of age.
- Determine the effect of parenting/caregiving on a child's self-esteem.(6E)
- Explain how parents are the first teachers and role models for children.(6G)

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Parent's Effect on Self-esteem

Write the terms *self-concept* and *self-esteem* on the board. Lead students to define and discuss the terms and related concepts. QUESTIONS: What kinds of behaviors might be developed by a child with high self-esteem? How are these roles different from the behaviors of children with low self-esteem? (Use activities such as playing "house" and playing "school" as a point of reference.)

MOVING TOWARD INDEPENDENCE

Instruct students to write short stories about a group of toddlers at their first day of preschool. Make sure that students create characters who reflect credible self-concepts and self-esteems; in addition, encourage students to focus on using details to support their narratives (such as the toddler's personality, initiative, and confidence level).

Lead students to brainstorm ways in which parents can influence their children's self-concepts in a positive manner. Display Teaching Aid 20.1, Parents affect their child's self-esteem. Allow students to create posters that display some of the ways that self-concept is developed and ways parents can influence development of positive self-esteem in children. QUESTIONS: What are examples of actions that influenced your growth and development? Who was influential in your development of self-esteem? How do you plan to help your child develop a positive self-concept?

Lead a class discussion on the importance of a child's self-esteem and self-concept. Have students write short papers discussing the effects parenting and caregiving practices can have on a child's self-esteem. QUESTIONS: What determining factors help to develop a child's self-esteem? Why is it important for parents to show respect for their children? What is unconditional love? Why should parents love their children unconditionally?

As a class, discuss readings from the Reference Book and formulate definitions of the terms *self-concept* and *self-esteem*. Display Teaching Aid 20.2, Self-concept is Influenced by.... Ask students to identify specific ways in which the different influences can affect the esteem of a child.

Ask students to secure permission to observe children at either a child care center or an elementary school during recess. Instruct the students to take notes on the differences in the coordination and other physical abilities observed in the children. Then, have students write brief reports to present to the class about their perspectives of the children at recess. QUESTIONS: Did the children's self-concept seem to be affected by their coordination? In what ways? How were the children who were not very coordinated accepted by the other children? How can parents or caregivers help children accept themselves and other children who have varying levels of physical abilities?

Display Teaching Aid 20.3, Comments Affecting Self-esteem. Divide the class into groups, and ask each group to describe the effect that each comment might have on a child's self-esteem and to identify other common statements which could diminish a child's self-esteem. Have each group write a replacement statement for each statement on the teaching aid. The replacement statement should be one which would positively impact self-esteem.

Lead students to make a tape recording in which they illustrate various tones of voice; examples include cheerful, soothing, loud, shouting, angry, and sarcastic. Play the recording and ask students to predict the effect that each tone would have on a child's self-esteem and self-concept.

Show the class video-taped recordings of children on television shows. QUESTIONS: How do the parents of these children react to the children? What level of self-esteem do these children display? How are these levels related to the parent's reactions?

CHILD GUIDANCE METHODS

Discuss how parental methods of guidance influence a child's self-esteem. QUESTIONS: What effect do you predict parents' alternating between harsh and permissive treatment might have on the self-esteem of their child? Why is consistency important in disciplinary practices? Why does knowing what type of behavior is expected help give a child a sense of security? What are some examples of ways parents might be inconsistent in disciplinary practices? How can they become more consistent?

Lead students to define the term *guidance*. Compare their definitions to the definition shown on Teaching Aid 20.4, Guidance. Lead a class discussion on why children need guidance. In your discussion, include factors such as safety, physical and emotional development, and self-concept.

Have students work in groups to design and role play situations in which the characters have not received much guidance from parents or caregivers. QUESTIONS: What do you predict it would be like to work with these individuals? to live next door to them? to eat in a restaurant with the individuals?

Lead students to brainstorm ways a parent might use indirect guidance. Students may add to the list in the Reference Book under the section Indirect Guidance. Ask students to describe methods of indirect guidance appropriate for infants, toddlers, and preschoolers.

Write the phrases *Direct Guidance*, *Physical Guidance*, and *Verbal Guidance* on the chalkboard. Ask students to offer examples of how each of these methods of guidance might be helpful for a child. Lead students to develop a set of guidelines for each of these guidance methods.

Review with students information in the Reference Book entitled Affective Guidance. Ask students to volunteer to role play a parent using affective guidance with a child. Consider using the following situations: A four-year-old throws a temper tantrum in the grocery store, or a three-year-old behaves politely at a meal with grandparents. Follow-up by discussing why appropriate use of affective guidance can aid in producing positive self-esteem in a child.

Write the word *consistency* on the chalkboard or overhead projector. Lead students to construct a class definition of the word. QUESTIONS: Why is consistency in guidance important? What effects does inconsistent guidance have on a child? What are some examples of ways parents, students, and teachers can show consistency in guiding the behavior of their children? Why would consistency be more appropriate in each situation?

Discuss positive discipline practices. QUESTIONS: Why is spanking a controversial form of physical discipline? What are some methods of psychological discipline? How might psychological discipline replace physical discipline? What are examples of discipline practices that are directly related to unacceptable behavior? Why is it best for parents to use discipline immediately after an undesirable behavior occurs? Why is it important for a parent to set limits? How can setting limits protect children?

Parents as Role Models and Teachers

Explore with students the following statement: *Children are mirrors of their parents*. QUESTIONS: What kinds of images does this statement immediately bring to mind? (Perhaps your students can sketch out these images.) What does this statement mean? How might children be compared with mirrors?

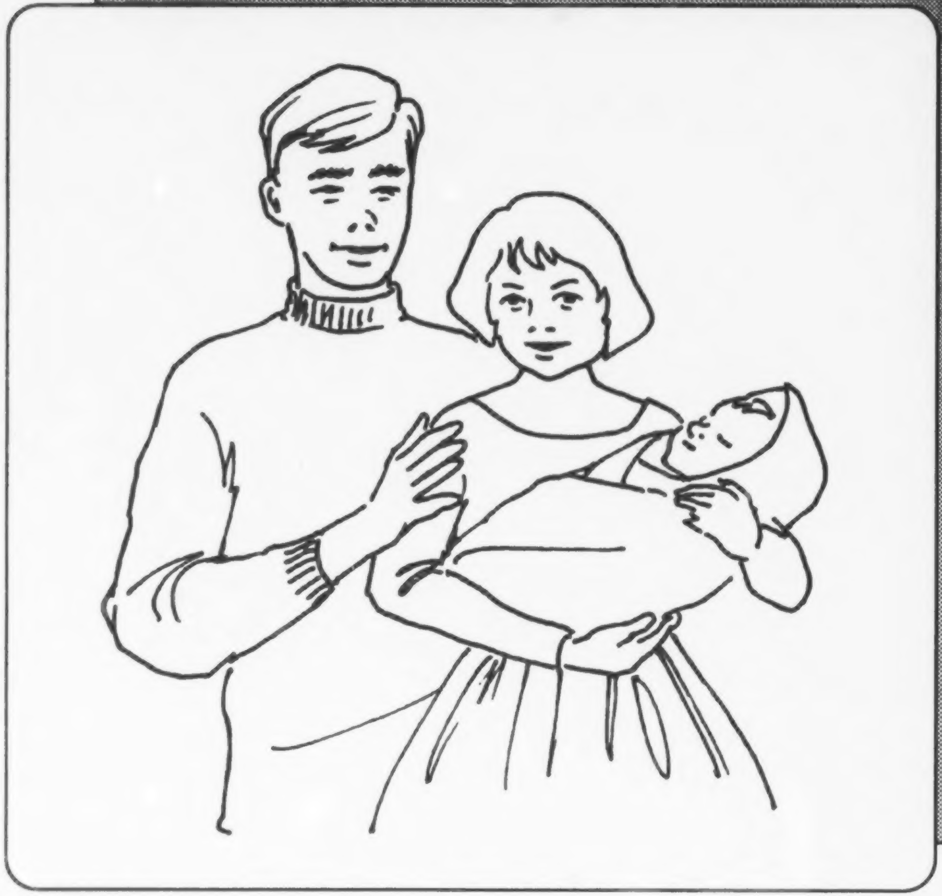
PARENTS AS ROLE MODELS

Have students read references and construct a class definition of the term *role model*. Display Teaching Aid 20.5, Role Model, and compare the two definitions. Ask students to list positive role models they would desire for their children as well as a negative role models they would like to avoid. Have students work in groups to identify characteristics of positive and negative role models. QUESTIONS: What are advantages of parents serving as the primary role models for their children? What influences do parents have over their children in comparison to other role models?

PARENTS AS TEACHERS

Display Teaching Aid 20.6, Parents are Teachers, Too. Lead a class discussion on the role of parents as teachers of their children. QUESTIONS: Which of your actions do you see your child reflecting? Why is it important to consider what you say and do in front of your child? Why is it important to communicate regularly with your child? How does the development of your child's self esteem contribute to his or her emotional and social development?

Read the following quote found on page 229 of the Reference Book: "When you walk what you talk, people listen." Ask students to interpret and explain the significance of this statement in a one-page essay. QUESTIONS: How does the quote relate to parents and their children? How is parenting a life-long commitment?



Parents affect their child's self-esteem.

SELF-CONCEPT IS INFLUENCED BY...

school

SOCIETY

PARENTS

Comments Affecting Self-esteem

"Don't do that again!
It's about time you
learned the right way."

"I've told you a million times
not to run out in the street."

"All the other children have
learned to tie their shoes.
Why can't you?"

"You are the last one
finished again."

TA 20.4

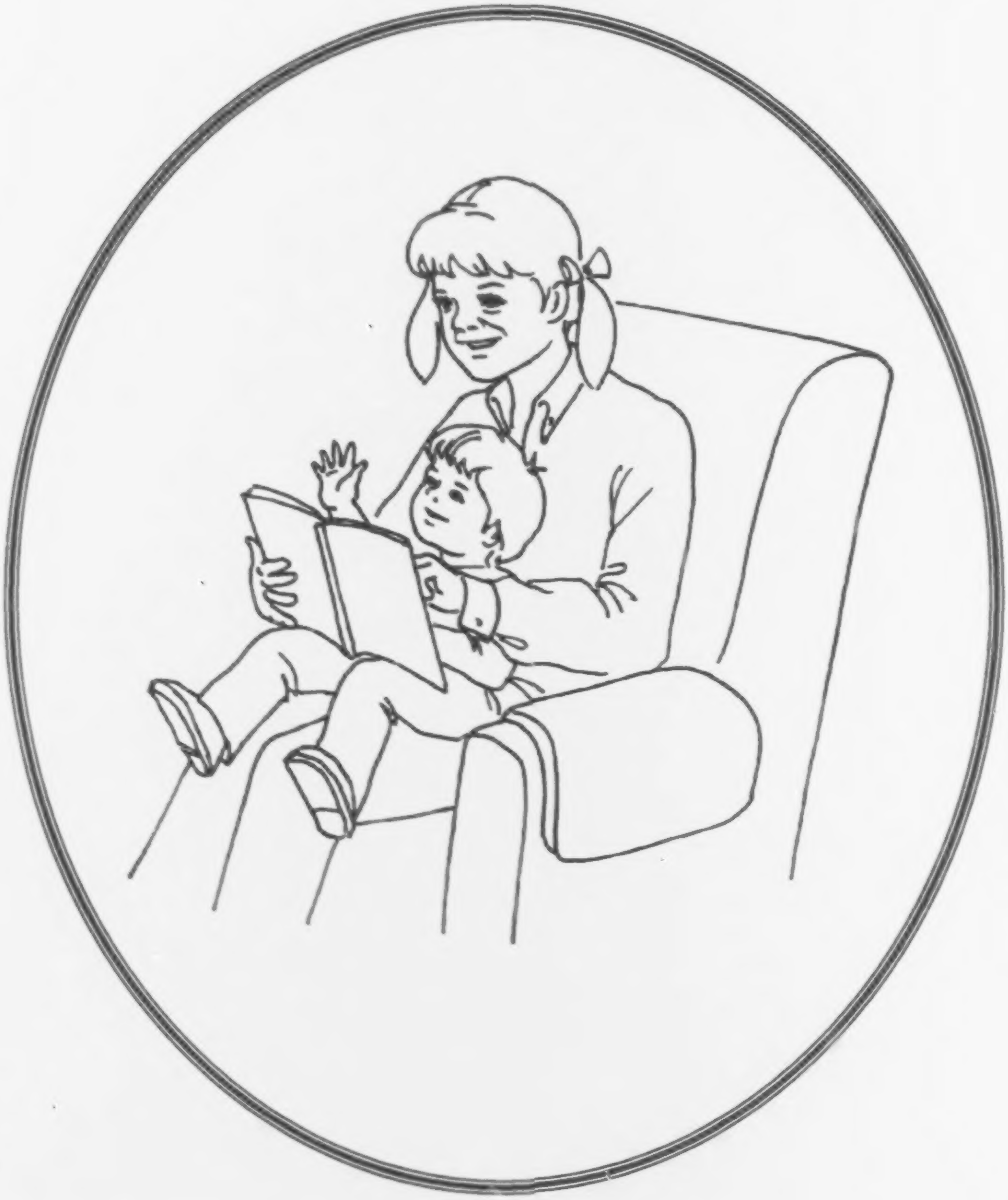
Guidance

all of an adult's actions and words that are used to influence a child's behavior; guidance can be either indirect or direct

Role Model

people after whom others **(especially children)** pattern behavior; role models can include relatives, friends, or celebrities such as athletes and movie stars

Parents are Teachers, Too!



Activity 20-1: Parent's Effect on Self-esteem

Directions: Write a brief description of how your parents affected your self-concept.

Activity 20-2 Parent's Effect on Self-concept

Directions: Unscramble the words to discover factors that influence a child's self-concept.

1. elvo

2. trtsu

3. etnnceomuerga

4. gpreannti lstye

5. udgianec

6. aosgl

7. lreo dmleo

Activity 20-3: Parent's Effect on Self-concept

Directions: Construct positive feedback statements that would build self-esteem from the situations listed below.

- **Your child has brought a fingerpainting home from the child-care center and you are not sure what it is.**

- **You and your three-year-old are heading out the door to run some errands. She comes out of her room wearing orange socks, red and blue shorts, and a white shirt.**

- **Despite the toothpaste all over the sink, your child has begun to try to brush his teeth by himself.**

Activity 20-4: Parent's Effect on Self-concept

Directions: Sketch a picture of a child displaying a healthy self-esteem and self-concept.

Activity 20-5 Parents as Role Models and Teachers

Directions: Starting on the bottom step, describe goals you have for your child both now and in the future.

Goals for my child during upon becoming an adult include

I can help my child achieve these goals by...

Goals for my child during high school include

I can help my child achieve these goals by...

Goals for my child during elementary school include

I can help my child achieve these goals by...

Goals for my child at present include

I can help my child achieve these goals by...

21

Special Concerns in the Family

Essential Elements

(7) Concepts and skills related to special concerns in the family.

- Identify potential family problems and crises.(7A)
- Explain methods for preventing and coping with family crises.(7B)

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Potential Family Problems and Crises

Direct each student to write the term *family crisis* vertically on a sheet of paper. Have students write an example of a crisis that begins with each letter of the term *family crisis* (for example, F—fire). Then, have students classify each trait on their sheets as either positive or negative. Lead a class discussion on the positive and negative effects of a family crisis. QUESTIONS: Is a family crisis always negative? Why? Of the crisis situations listed, were they brought on by a person's actions, by the actions of others including family members, or by natural causes and events? Can some family crisis situations be avoided? How?

Write the term *family crisis* on the chalkboard or overhead projector. Instruct students to write a paragraph that describes the feelings they have when they hear the term *family crisis*. Ask a few students to share their paragraphs with the class. Integrate the students' ideas into a class discussion about family crisis situations. QUESTION: Why is the parents' role in a family crisis so important? Evaluate the students' paragraphs for expression of feelings and clarity of thoughts.

DIVORCE/SEPARATION

Write the word *divorce* on the chalkboard or overhead projector. Instruct students to list the feelings and attitudes one might exhibit following a divorce. Lead a class discussion about how divorce affects the entire family and how such feelings and effects might be dealt with. QUESTIONS: How does divorce affect family relationships? self-concept? lifestyle? finances? Is divorce always negative? Why?

Lead a class discussion of the emotional, physical, and legal aspects of divorce. QUESTIONS: Why may it be difficult to accept the consequences of divorce? What emotions may people go through during and after a divorce? Why do children sometimes feel they are responsible for their parents' divorce? How can parents help prevent children from feeling guilty? Can a divorce ever be good for children? Why? How may children feel when a parent starts dating again? marries again?

DATING/REMARRIAGE/ STEPPARENTING

Divide the class into cooperative learning groups to research potential problems related to remarriage and blended families. Potential problems addressed should include family adjustments and changes, discipline of children, emotional strains, and finances. Have each group select a group leader to report the group's findings to the class. QUESTIONS: What problems are associated with remarriage and blended families? How might the new marriage affect the family's financial situation? family unity? discipline? Why?

Assign students to write papers that describe how they would react if they became a stepparent. Have students discuss the advantages, disadvantages, and the effects their new role would have on their own child.

DEATH

Invite a member of the clergy or a counselor to speak to the class about problems or crises caused by death. Guide students in preparing questions prior to the guest's arrival. QUESTIONS: What problems or crises are caused by death? Why does death create a crisis? How can a person cope with the death of a child? parent? sibling? spouse? boyfriend/girlfriend? peer or friend?

Invite an attorney to speak to the class on wills. Have students prepare written questions in advance. QUESTIONS: Why is it important to have a will now that you are pregnant, about to have a child, or already have a child? What would happen to your child if you die without a will?

Have students use the dictionary to define the term *death*. Lead a class discussion relating this definition to families. QUESTIONS: How are the death of a spouse and divorce or single-parenting similar? different? What resources are available to help a surviving spouse who also becomes a single-parent?

FAMILY VIOLENCE

Have students use various resources to define the term *child abuse*. Display Teaching Aid 21.1, Forms of Child Abuse and Neglect. Have students again use various resources to define the terms listed. Ask student volunteers to share their definitions with the class. Use the definitions to lead a class discussion on family violence. QUESTIONS: What are examples of child abuse? child neglect? How are abuse and neglect different? How are they similar? Does family violence only occur with children?

Display Teaching Aid 21.2, Possible Signs of Abuse and Neglect, and Teaching Aid 21.3, Parents Who Abuse Their Children. Distribute the teaching aids as handouts to facilitate a class discussion regarding child abuse. QUESTIONS: Why do some parents abuse their children? Is child abuse something most parents do? Why? How can one tell if a person might become a child abuser? How can one tell if a person is abusing a child? What are the responsibilities of other family members, friends, and citizens who suspect abuse? How does the law and legal system respond to reported abuse situations? Is it common to separate family members when abusive situations occur? Why?

Have students research recent newspapers and magazines to find articles concerning physical neglect, abandonment, and medical neglect. Ask each student to choose an article and prepare a written solution to the problem presented in the article. Instruct each student to suggest what changes, if any, could have been made to improve the situation described in the article.

ALCOHOLISM AND ADDICTION

Display Teaching Aid 21.4, Characteristics of a Problem Drinker or Alcoholic. Lead a class discussion on the characteristics listed. Have students identify other potential alcohol abuse problems such as doing something under the influence of alcohol that would not be done otherwise or drinking until passing out. QUESTIONS: What are the potential problems associated with drinking alcohol? How are family members affected by a problem drinker or alcoholic? How are unborn children affected? What are some agencies or organizations in the community that provide assistance for problem drinkers or alcoholics?

Display Teaching Aid 21.5, Family Crises: Alcoholism—A Family Disease. Lead a class discussion regarding alcoholism. QUESTIONS: What are signs of alcoholism? How is the family affected by an alcoholic family member? What habits and attitudes are associated with alcoholism?

Invite a resource person to speak to the class about the effects chemical abuse has on an individual and the family. Potential resource speakers include a health care provider, police department representative, social worker, or counselor. Have a student introduce the speaker and topic to the class. Guide students in preparing questions for the speaker prior to the presentation. QUESTIONS: What are the effects of chemical abuse on individuals and families? on unborn children? Why do people begin using drugs? Why do people abuse chemical substances?

FINANCIAL/JOB LOSS

Write the term *unemployment* on the chalkboard or overhead projector. Have each student write an individual definition of the term on a piece of paper. Have students read their definitions to the class. Lead students to list possible reasons for unemployment and to discuss how unemployment often leads to financial problems. QUESTIONS: What situations lead to unemployment? How can unemployment and financial problems cause a family crisis? How can financial problems during a period of unemployment be avoided?

Arrange for a panel discussion made up of individuals who help others find jobs or who help others during times of unemployment. Panel members could include vocational counselors, representatives from the Texas Employment Commission, Mental Health Mental Retardation (MHMR), Department of Health, and Department of Human Resources. Guide students in preparing questions for the panel in advance.

Invite someone from the Texas Employment Commission (or another employment agency) to speak to the class. Ask the speaker to emphasize the importance of career goals, education and training, and work and family issues. Have each student write a paper on the most significant thing learned from the presentation.

MOVING

Have students conduct a poll and find out how many of them have moved during their own lives. Ask students how many times they have moved. QUESTIONS: What situations lead to families moving? How can moving cause a family or individual crisis? Did moving create problems for their families?

Lead students to brainstorm ways in which they can help children adapt to moving to a new home or new town.

PATTERNS OF ADJUSTMENT
CRISIS RESOLUTION

Lead students to brainstorm additional problems family members may face as individuals rather than as the family unit. (Examples include children, single parents, and grandparents.) For each problem listed, guide students to suggest ways the individual in each instance might cope with the crisis.

Display Teaching Aid 21.6, Children in Crisis. Divide the class into groups, and ask each group to select one of the situations to role play or suggest possible solutions. Guide the selection process so a variety of situations are chosen. Have groups present their role plays and recommended solutions to the class, and lead students to analyze each presentation.

Ask students to collect cartoons and comic strips depicting children and parents communicating and resolving conflicts. After students share their favorite cartoons with the class, divide the class into small cooperative learning groups, and have each group create their own cartoons or comic strips featuring families communicating and resolving conflicts. Have groups present their cartoons to the class along with a role play, a poster, or other creative form of presentation. The class may vote on the cartoon they like best and award a ribbon or prize to the group that developed it. This could be a continuing activity with cartoons designed each week.

Display Teaching Aid 21.7, Families in Crisis. Divide the class into groups, and assign a crisis situation from the transparency to each group. Instruct students to create a case study for their assigned crisis situation. Have students write a description of each family member, a brief family history, and a description of the crisis situation. Instruct students to identify possible solutions for the family. Have elected group leaders share information with the class.

Lead students to brainstorm positive responses to crises that help alleviate harmful effects. Have students give, in their own words, examples of how each response might be carried out in a family. QUESTION: How can parents encourage family members to work together through family crisis situations?

Have students develop a directory of community resources for family crisis situations available in your community. Divide the class into small cooperative learning groups. Have groups research the services available, the eligibility requirements, costs, and other pertinent information. Distribute copies of Teaching Aid 21.8, Community Resources Survey Form, and have students fill in the form as they make telephone calls or visits to agencies to get information about services offered. Lead students to compile the information collected and print a directory that can be made available to students.

FORMS OF CHILD ABUSE AND NEGLECT

PHYSICAL ABUSE

EMOTIONAL ABUSE

SEXUAL ABUSE

PHYSICAL NEGLECT

ABANDONMENT

MEDICAL NEGLECT

BEST COPY AVAILABLE

TA 21.2

Possible Signs of Abuse and Neglect

Physical Signs

- ☐ Open cuts or sores
- ☐ Mode of punishment is unusual (belt buckle, electrical cord, iron, hot water burns)
- ☐ Scars, broken bones
- ☐ Injuries over two or more parts of the body (not just on buttocks)
- ☐ Bruises over two days old are hard or lumpy in the middle
- ☐ Parents' explanation not congruent with the child's physical injuries
- ☐ Injuries seem to be inadequately treated
- ☐ Moves slowly; has trouble sitting in seat
- ☐ Injuries that do not look accidental–face injuries, scars on hands, loop-like scars

Emotional Signs

- ☐ May be withdrawn
- ☐ May be aggressive
- ☐ Repeated absences, particularly after report cards are sent home
- ☐ Wears clothing that hides the body or is inappropriate for weather
- ☐ Does not want to talk about an injury
- ☐ Arrives at school too early and remains after classes rather than going home or is habitually truant or late to school
- ☐ Always tired and often sleeps in class
- ☐ May exhibit sudden change in behavior
- ☐ Displays regressive behavior such as wetting pants, sucking thumb, whining frequently, being disruptive, or becoming unusually shy and passive
- ☐ Sometimes wary of physical contact, especially when it is initiated by an adult

Abused or Neglected Children May Think:

- ☐ The parent left or might leave because they are bad children
- ☐ The parent hates them because they are bad.
- ☐ The abuse experienced was just punishment.
- ☐ They are unworthy of love.
- ☐ If their parents cannot love them, nobody can.
- ☐ Adults are not to be trusted; inconsistent and future relationship are not to be trusted.

Parents Who Abuse Their Children

The following characteristics may apply to abusive parents:

- Unrealistic expectations of child's abilities
- Low self-esteem
- Unhappy marriage
- Abused themselves
- Very sensitive to rejection
- Emotionally deprived during childhood
- Low frustration level
- Money problems
- Lack understanding of child development
- Think child should fulfill their needs
- Isolated from others; have no one to help in stressful times
- Strong belief in physical discipline as a necessity
- Immature and insecure

TA 21.4

Characteristics of a Problem Drinker or Alcoholic

- gets drunk often
- drinks alone
- must have a drink in the morning to get out of bed
- hides bottles of alcohol
- changes personality or behavior after drinking
- gets arrested due to drinking
- loses school or work time due to drinking or the results of drinking
- has family problems due to drinking
- has financial problems related to drinking
- has memory losses after a drinking episode

TA 215

Family Crises: Alcoholism - A Family Disease

- One in ten persons is an alcoholic.
- Alcoholism affects every family member.
- Family members can prevent an alcoholic from receiving help.
- An alcoholic's spouse must take on a dual role.
- The family lives in a climate of crisis, inconsistency, and emotional disturbance.
- The family system must be broken to enable recovery.

TA 216

Children in Crisis

1. Miguel is two years old and must have his tonsils out next week. Jose, Miguel's dad, believes it is important to prepare Miguel for the procedure. Miguel is getting very anxious about having to go to the hospital.

2. Paul, a two-year-old, lives with his dad. He has been staying with his grandmother while his dad attends class and works part-time. Now, Paul's grandmother is not physically able to care for him. Paul's dad found a child care center but Paul cries and screams when his dad leaves him. He wants his grandmother!

3. Jerome's mother recently made him his first dental appointment. His mother wants to help alleviate as many of the traditional fears that children often have about going to the dentist.

4. Four-year-old Lupe and her mother recently moved to a new apartment. It is close to the school where Lupe attends and near her mother's new job. Prior to the move, they had lived with Lupe's grandparents. Lupe misses her grandparents very much and wants to move back.

5. Jennifer, a three-year-old, recently moved into her own room. Her mom cannot get her to sleep in her bed at night. Jennifer is afraid to be left alone.

FAMILIES IN CRISIS

Divorce / Separation

Dating

Remarriage

Stepparenting

Death

Family Violence

Alcoholism

Substance Abuse / Addiction

Financial / Job Loss

Moving

Community Resources Survey Form

Use the form below to collect information about an agency in your community that provides services and support for families. You may either collect the information in a telephone survey or in an interview with staff of the agency as your teacher directs.

Name of Agency: ____________________

____

Address ____________________

Telephone ____________________

Name/Position of Person Contacted ____________________

____

Services Provided by the Agency ____________________

____

Persons for Whom Services are Provided ____________________

____

Eligibility Requirements for Services ____________________

____

Costs for Services Provided ____________________

____

Agency Hours ____________________

____

Upcoming Activities of Interest to Families ____________________

____

____

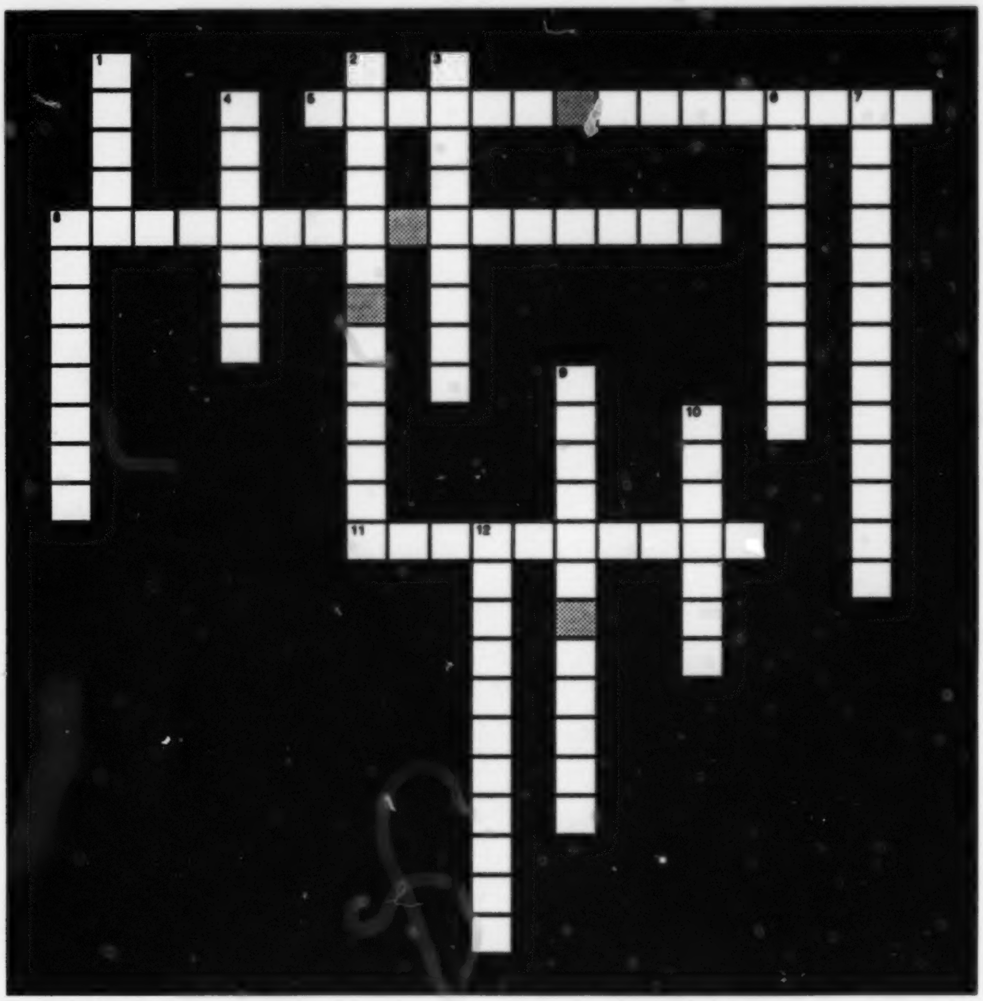
____

____

____

Activity 21-1: Potential Family Problems and Crises

Directions: Complete the crossword puzzle to identify potential family problems and crises. Read each clue, then place the word(s) which best complete(s) each statement in the puzzle by the corresponding number.



ACROSS

5. abuse of children, spouse, or older family members
8. occurs when a parent does not provide his or her child with items such as food, clothing, and shelter
11. occurs when one parent lives apart from the family

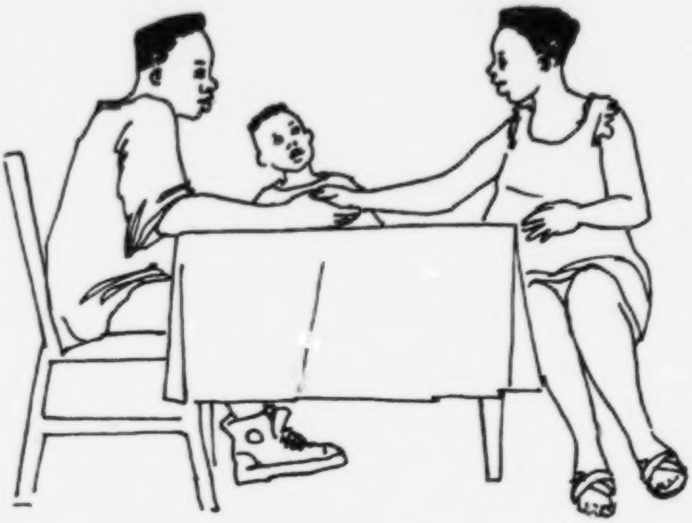
DOWN

1. the ability to understand the concept of __________ increases as children grow older
2. turning point, a time when a family is faced with a difficult decision, a big change, or a serious problem that will influence the course of their lives
3. families suffering from drug and alcohol abuse might also suffer __________ problems due to excessive amounts of money spent on the abused substances
4. neglect characterized by failure to obtain medical treatment for a child
6. most difficult type of abuse to identify
7. one way of dealing with a crisis
8. type of abuse where injury is nonaccidental
9. occurs when an adult uses a child to arouse or satisfy the adult's sexual desires or when an adult does not reasonably attempt to prevent another adult from committing these acts
10. occurs when a married couple legally dissolves their marriage
12. occurs when a parent leaves a child without care and does not intend to return to the child

Activity 21-2 Potential Family Problems or Crises

Directions: Identify a family problem or crisis and complete the following chart. The family problem or crisis can be real or fictitious.

Problem:



Can I prevent the problem or crisis?

Yes

If so, how?

No

What are the characteristics of the problem?

What could happen to me and my family as a result?

Where could I seek help?

What could happen if I refused help when I needed it?

Activity 21.3 Coping with Crises

Directions: Many feelings and emotional changes occur during family problems and crises. In each shape, identify some feelings and emotions that result from the family problem or crisis listed. Also list some ways a person can effectively overcome or deal with that problem or crisis. On a blank sheet of paper, draw your own shapes and list additional problems or crises that a family may face. Fill in the shapes as you did this sheet.

ALCOHOLISM AND ABUSE

Divorce

DEATH

family violence

FINANCIAL LOSS

22 Children With Special Needs and Abilities

Essential Element

(7) Concepts and skills related to special concerns in the family.

➪ Explain methods for identifying and caring for children with special needs and abilities.(7C)

Teaching Strategies 399
Teaching Aids 405
Student Activities 413

Factors Affecting Special Needs

Write the term *special needs* on the chalkboard or overhead projector. Instruct students to write paragraphs that describe the feelings they have when they hear the term *special needs*. Ask a few students to share their paragraphs with the class. Integrate the students' ideas into a discussion about special needs and factors that affect special needs.

Assign each student a rare birth defect such as Tourette's syndrome or autism. Have each student research the assigned defect and write a paper on the findings. Some of the research should address the following issues:

- How often does the birth defect occur?
- What causes the birth defect?
- Is there a cure for the birth defect?
- What type of research is currently being conducted on the birth defect?

Have students compile the research into a notebook on rare birth defects for classroom use.

HEREDITARY FACTORS

Lead students to brainstorm impairments or disabling conditions associated with hereditary or genetic factors. Have a student volunteer list the impairments or disabling conditions identified on the chalkboard or overhead projector. Assign to each student, or group of students, one of the impairments or disabling conditions identified. Have students research and write a two- to three-page paper about their assigned hereditary factors. Have students share their papers with the class. Evaluate the papers for clarity, creativity, and writing style.

Invite a genetic counselor or other health care provider to speak to the class about hereditary or genetic factors that lead to impairments or disabling conditions in children. Guide students in preparing written questions prior to the speaker's presentation.

ENVIRONMENTAL FACTORS

Write the term *environmental factors* vertically on the chalkboard or overhead projector. Instruct students to think about what they know about environmental factors and their relationship to impairments and disabling conditions in children. Beginning with the letter *E*, have students list as many words as they can think of related to environmental factors that begin with an *E*. Do the same for each letter. Integrate the students' list into a class discussion about environmental factors.

Prepare a cooperative learning experience that will allow groups of students an opportunity to write, produce, and present instructional materials about environmental factors and their effect on special needs. Instructional materials could include posters, brochures, resource lists, an activity, or a paper. Have each group present its materials to the class.

Categories of Needs and Abilities

Display Teaching Aid 22.1, Categories of Special Needs. Lead a class discussion to help students understand the broad categories of special needs and abilities. Emphasize that while special needs do not have the same effects on all children, there are certain activities and characteristics that children with special needs display. Also emphasize that children with special needs and abilities may have needs in more than one area.

PHYSICAL DISABILITIES

Display Teaching Aid 22.2, Physical Illness and the Family. Lead a class discussion about acute and chronic illnesses and the effects they have on families. QUESTIONS: What is the difference between acute and chronic illnesses? What are some examples of each? How many acute illnesses does the average child under five have each year? What factors affect the impact a chronic illness has on a family?

List the following physical disabilities on the chalkboard or overhead projector:

- Illness and Health Defects
- Orthopedic Impairments
- Muscular Control Difficulties

Lead students to discuss physical disabilities and their classifications. Allow students to select a physical disability or assign one to them. Help students locate a variety of references that will assist them in researching their assigned disability. Instruct each student to summarize findings in a paper to be presented to the class.

Invite a physical therapist or other resource person to speak to the class about resources available to individuals, especially children, with physical disabilities. Have the speaker address illness and health defects, orthopedic impairments, and muscular control difficulties.

SENSORY IMPAIRMENTS

Display Teaching Aid 22.3, Sensory Impairments. Lead a class discussion about deafness/hearing impairments and blindness/visual impairments. QUESTIONS: How do the definitions of deafness and hearing differ? How do definitions of visual impairments and blindness differ? What causes sensory impairments? Can sensory impairments be corrected? How?

Invite an audiologist to visit with the class about hearing aids. Ask the speaker to describe how a hearing aid works, the various kinds of hearing aids available, and how the audiologist determines what type of aid to use. QUESTIONS: How do hearing aids help individuals with hearing impairments? Are hearing aids suitable for all hearing problems? Why? How should parents assist a child using a hearing aid?

Display Teaching Aid 22.4, How We Hear, which illustrates the human hearing mechanism. Identify the three major parts of the ear—the outer ear, the middle ear, and the inner ear. Point out that hearing losses are also classified by the location of the hearing impairment. (A *conductive* hearing loss has to do with malfunction of the middle ear which primarily conducts sound to the inner ear. Sounds heard are softer than normal. *Sensorineural* hearing loss has to do with malfunction of the inner ear or the nerves that connect the inner ear to the brain. Sounds heard are distorted.)

Invite a representative from the Texas Society to Prevent Blindness or other similar organization to visit the class, distribute literature, and perhaps show a film or discuss prevention of blindness and screening for visual defects. The Texas Department of Health and the Texas Society to Prevent Blindness train volunteers to do vision/hearing screening. Students might be given the optional assignment of participating in such training.

Display Teaching Aid 22.5, How We See, which illustrates the way in which the eye works. Discuss how various impairments affect the ability to see. Include conditions such as nearsightedness, farsightedness, astigmatism, strabismus, and color blindness. QUESTIONS: Are persons who are nearsighted or farsighted considered visually impaired? Why?

Arrange a learning tour to the Department of Health. Include in the learning tour an explanation and demonstration of their vision, hearing, and speech testing. Have a representative of the Department of Health explain the assistance programs they provide for individuals with sensory impairments.

SPEECH IMPAIRMENTS

Invite the school's speech therapist to speak to the class about his or her job responsibilities. Guide students in preparing questions prior to the speaker's presentation. QUESTIONS: At what age does the district begin working with children with speech impairments? What is involved in the diagnosis and treatment? How important is parental involvement with a child's diagnosis and treatment?

Display Teaching Aid 22.6, How We Speak, which illustrates the physical mechanisms through which we speak. Point out that understanding the complex mechanism of speech helps one understand speech impairments. Describe how physical mechanisms of speech affect various speech impairments.

LEARNING DISABILITIES

Have students participate in an awareness activity to help them develop an understanding of what it might be like to have a learning disability. Possible activities include:

- reading a mirror image
- copying a drawing with the dominant eye closed, using the nondominant hand
- being taught a difficult task by someone who teaches too fast

Following the activity, lead a class discussion about how children with learning disabilities might feel. QUESTIONS: Learning disabled children experience many failures; how can these experiences be minimized? What can happen if a child has too many failure experiences?

Invite a school counselor or diagnostician, representative from the Department of Health, pediatrician, parent of a child with a learning disability, and possibly an individual with a learning disability to participate in a panel presentation. Have the panelists discuss the changes that have occurred in the United States regarding attitudes, laws, and education involving individuals with learning disabilities. Designate a student leader as presider for the panel. Guide students in preparing questions for the panel prior to the presentation. QUESTIONS: What causes learning disabilities? Since learning disabilities become most apparent in the academic setting, what can parents do to help identify learning disabilities prior to their children going to school?

MENTAL RETARDATION

Display Teaching Aid 22.7, Facts About Mental Retardation, and discuss the information presented. Find out how many of the students in your class have some direct involvement with mental retardation in their family. QUESTIONS: Though mental retardation can strike any family, families of low socioeconomic status are at a greater risk of producing mentally retarded children than families at other socioeconomic levels. Why might this be so? What can be done to eliminate some of the factors that cause mental retardation?

Divide the class into groups. Instruct each group to prepare a chart on one of the mental retardation disorders listed below:
- Down's syndrome
- fetal alcohol syndrome
- brain damage associated with rubella
- brain damage associated with PKU

The following information should be included on the charts:
- name of the disorder
- description
- possible causes
- possible associated conditions
- prevalence or how common
- suggested treatments
- educational implications

Have the groups present their charts to the class.

SPECIAL TALENTS

Have students write about a skill, talent, or gift that they possess. Point out that everyone can do something better than average. Divide the class into small groups. Ask members of each group to share their special talents and discuss how each ability has affected other aspects of their lives. As a class, discuss how children with special talents might feel about their abilities. QUESTIONS: Do children with special talents like to "show off"? Why? Could a child's special talent make it difficult for the child to get along with others? Why? Is it easier to develop a positive self-concept if you have a special talent? Why?

Display Teaching Aid 22.8, Caring for Children With Special Talents. Lead a class discussion on each of the points listed. QUESTIONS: Why is it important to provide activities to stimulate a child with special talents? How do you help children learn how to learn? What kind of activity would give a child the opportunity to use planning, predicting, decision-making, and communication skills? What benefits result when children with special talents guide the learning of younger or average children? Why are mentors or role models important for these children?

Premature Babies

Lead students to define the word *premature* and identify the factors that place certain women at a higher risk of having a premature delivery. QUESTIONS: What are the factors that place certain women at a higher risk of having a premature delivery? What problems do parents of premature babies face? What problems do premature babies face?

Arrange a learning experience that will allow the class to tour a labor and delivery area as well as a neonatal intensive care unit currently treating premature babies. Ask a representative from the nursing staff or a doctor to conduct the tour. Have the representative overview procedures faced by a woman having a premature labor and delivery as well as the procedures the baby will face. Ask the representative to include the possibility of premature babies being placed in the neonatal intensive care unit.

Care and Guidance

Lead students to brainstorm different types of special needs of children. After listing special needs on the chalkboard or overhead projector, ask each student to choose a type of special need and research the care that is necessary for a child who has the special need. Have the students write papers discussing the results of their research. NOTE: Students may write about special needs they or members of their families had as children or special needs that their own children have.

SUPPORT

Invite a panel of parents of children with special needs to come to class. Carefully select parents who would feel comfortable sharing some very personal feelings. Ask them to discuss their own feelings and the stages they went through in coming to accept their children's special needs. Ask them to discuss how they feel about caregivers, teachers, private programs, and organizations helping or hindering that process. NOTE: It would be more meaningful to have parents of children of different ages—infancy through adulthood.

Have students prepare a directory of services or agencies in the community to which parents of children with special needs can turn for support and referral services. The directory should contain the name of the service or agency, a contact person, address, telephone number, and a brief description of the services available. Have students prepare the list as a handout and give a copy to each student. This list can be given to other parents in need of referral information. As a follow-up activity, prepare a similar directory of national organizations. Have students identify services that these organizations provide to parents with children who have special needs.

EDUCATION

Divide the class into pairs of students. Have one student assume the role of a parent of a child with special needs. Have the other student in the pair assume the role of a parent of a child who does not have special needs. Ask the students, in their respective roles, to write a letter to the other parent about her or his feelings and concerns about mainstreaming. When students have completed their letters, have them exchange letters with their partners. Have students discuss the two different perspectives of the parents. Have some of the pairs share their letters with the class. Lead a class discussion based on the letters. QUESTIONS: How might such a pair of letters be used to increase parents' positive attitudes about mainstreaming in the academic setting? In what ways are both parents similar in their needs and concerns? Do you think it is possible for a parent of a child that has no special needs to really understand the feelings of the parent whose child has special needs? Why?

Invite a panel of school administrators and representatives from private programs and organizations such as Advocacy, Inc., Coalition of Texans with Disabilities, and March of Dimes to speak to the class on education for persons with special needs. Topics to be discussed include laws that promote an education for all students, procedures used by the school district when working with students with special needs, and ways that programs and organizations help to protect the legal rights of individuals with special needs.

Challenges Faced by the Family

Have students read materials on ways to promote positive relationships among individuals in families containing members with special needs. Have students identify negative behaviors and attitudes that may be avoided.

Invite a family counselor to speak to the class about ways a counselor helps families face the challenges of a child with a special need. Guide students in writing questions prior to the presentation.

Have students write an account of a true or fictional family faced with the birth of a child with special needs or an event that led to a special need in a child. Have students include a description of events that led to the birth or event and the ways family members coped with the special need.

CATEGORIES OF SPECIAL NEEDS

Physical Disabilities

Sensory Disabilities

Speech Disabilities

Learning Disabilities

Emotional Disabilities

Mental Retardation

Special Talents

TA 22.2

Physical Illness and the Family

Acute Illness

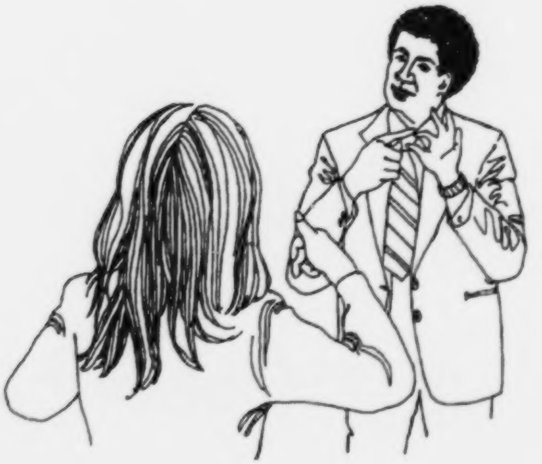
- every family faces illness sometime
- family members rally resources and support
- usually manages through time of stress; sees an end to illness
- has support of extended family and neighbors

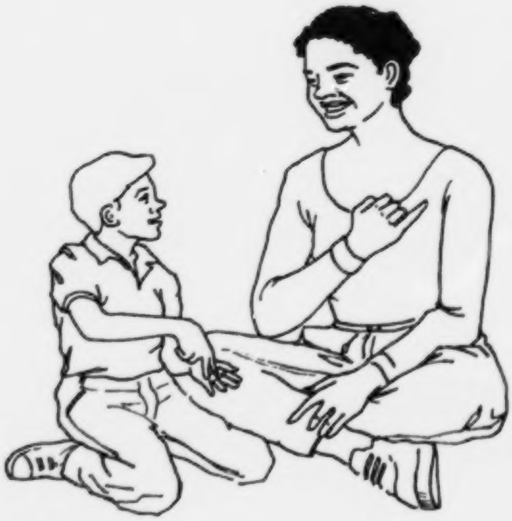
Chronic Illness

- emotionally draining
- financially draining
- additional employment and home responsibilities for family members
- all family members under stress
- family may have to turn to community resources for support

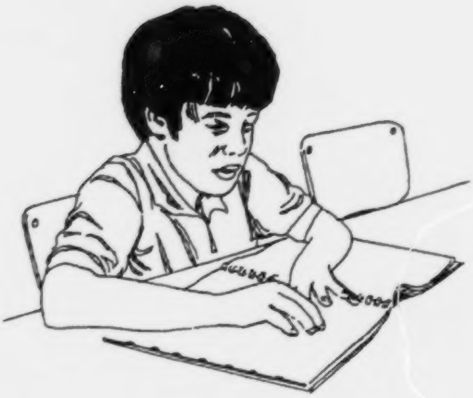
SENSORY IMPAIRMENTS

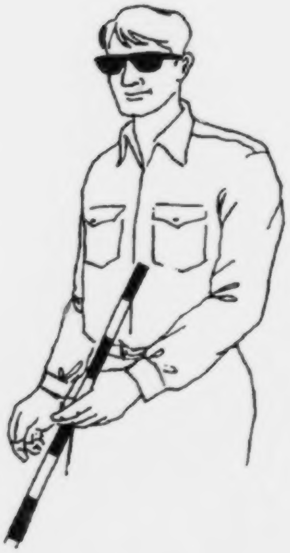
Hearing





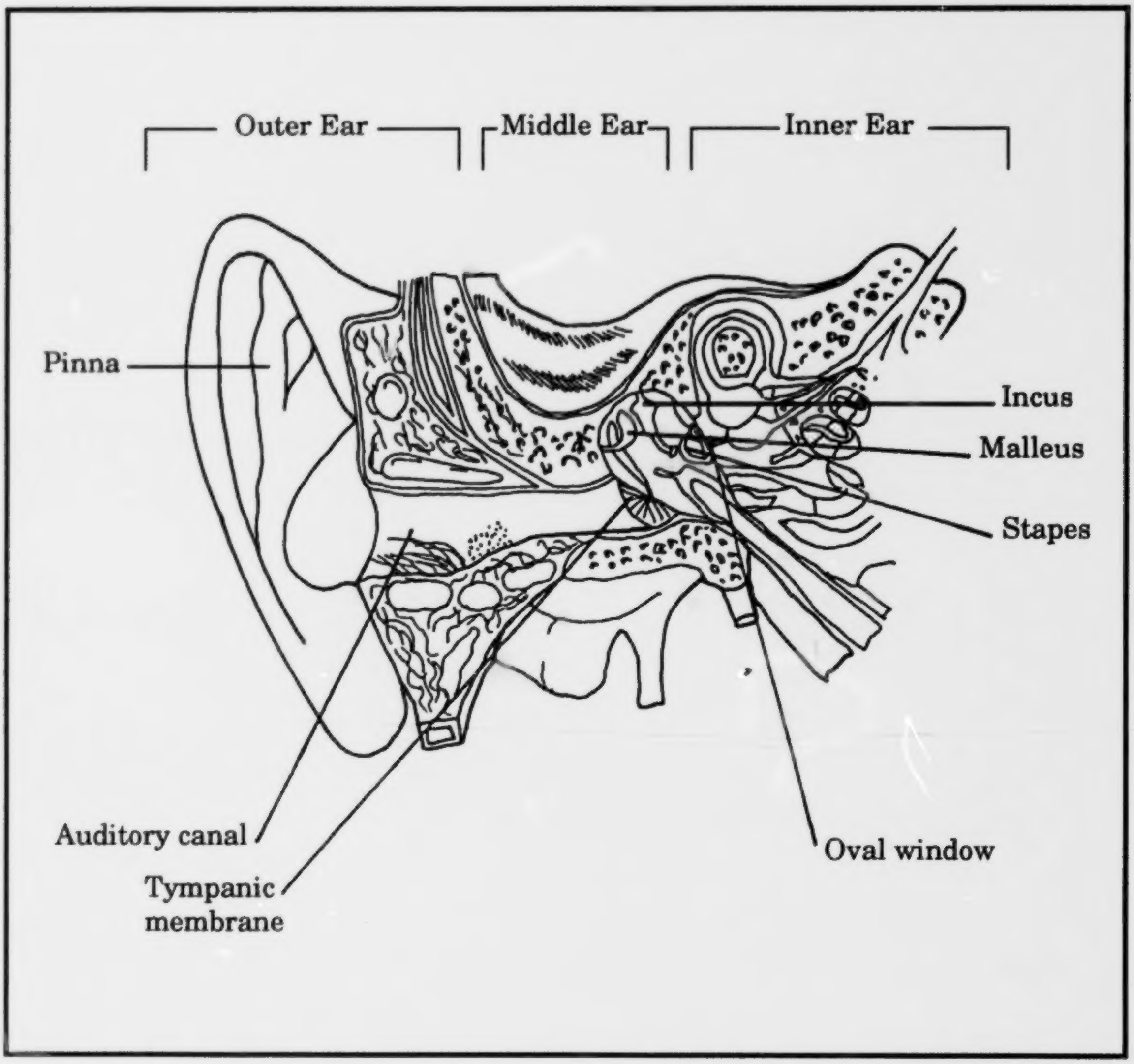
Visual



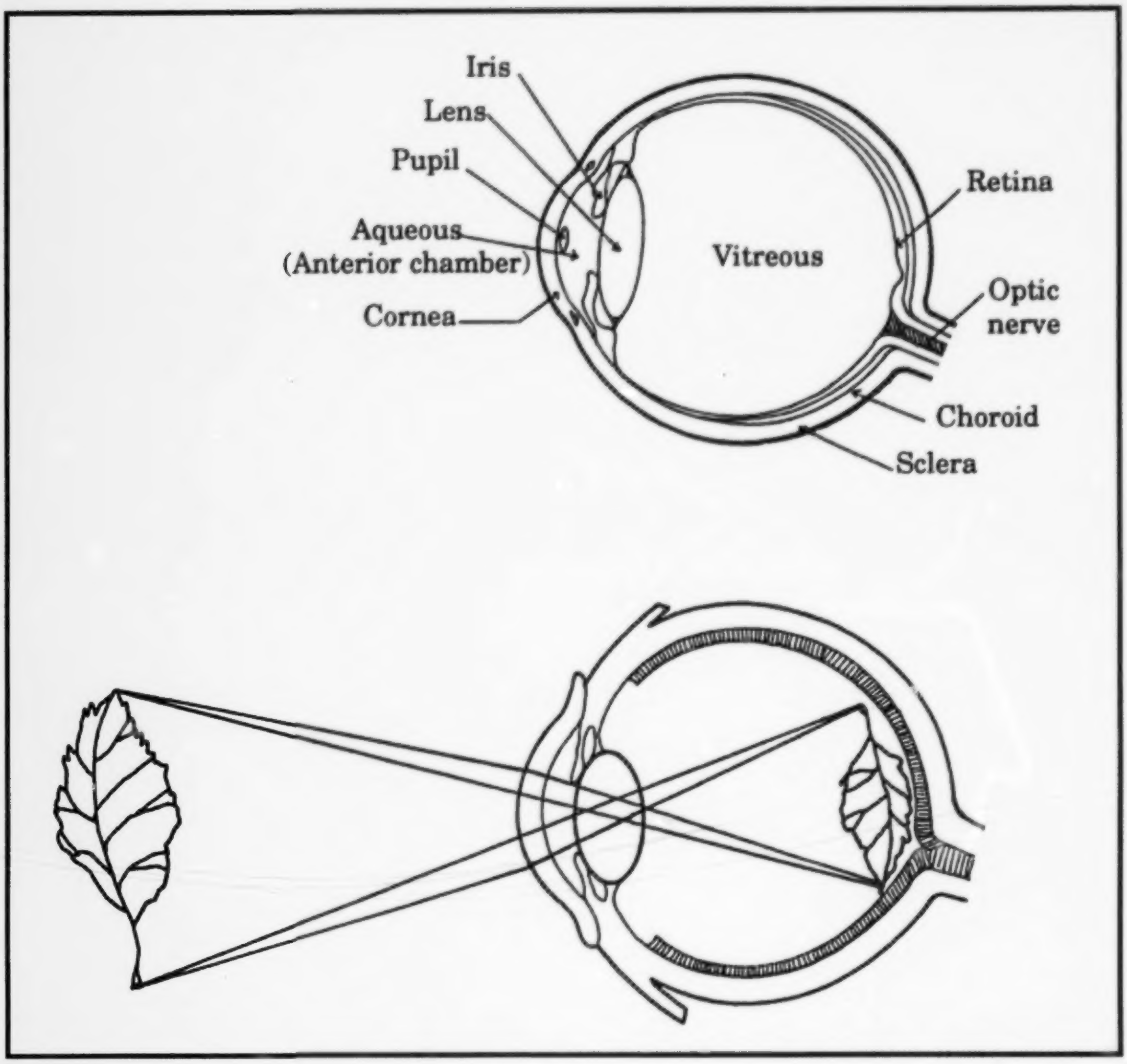


TA 22.4

HOW WE HEAR


Outer Ear
Middle Ear
Inner Ear
Pinna
Incus
Malleus
Stapes
Auditory canal
Tympanic membrane
Oval window

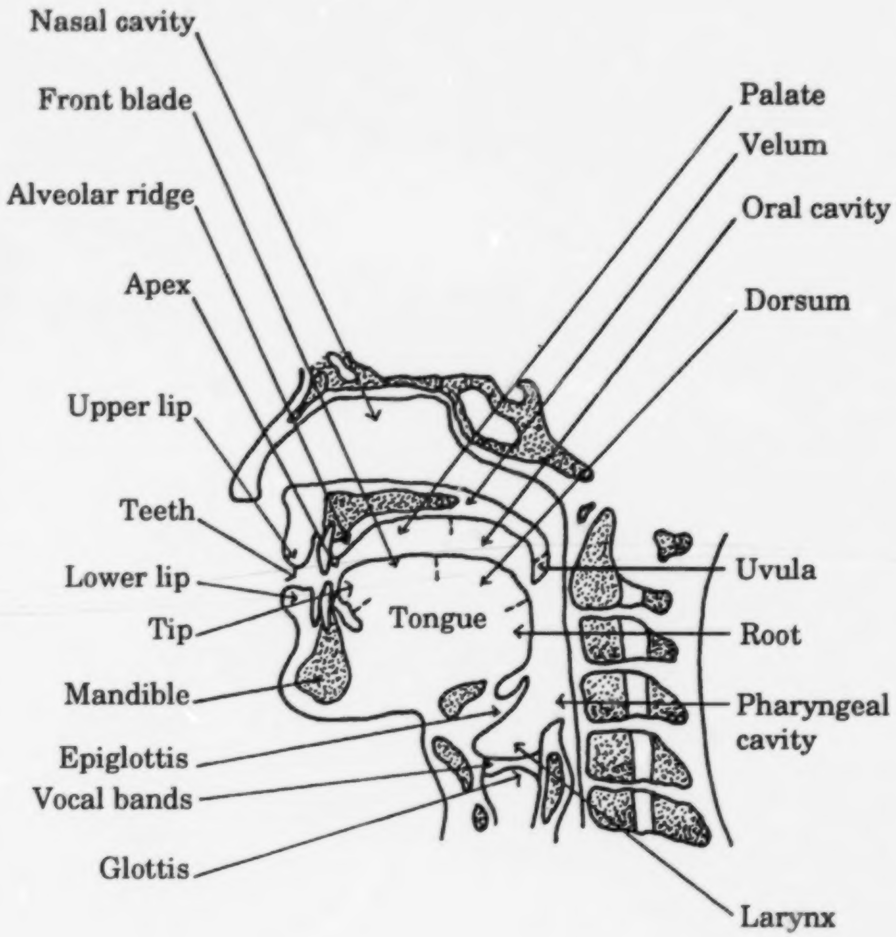
How We See


Iris
Lens
Pupil
Aqueous
(Anterior chamber)
Cornea
Vitreous
Retina
Optic nerve
Choroid
Sclera

Eye functions include:

- ✱ Central vision (perception and object discrimination
- ✱ Accommodation (focusing for distant and near vision)
- ✱ Binocular vision (image from two eyes blend into one)
- ✱ Peripheral vision (perceiving objects at the outside edge of the visual field)
- ✱ Color vision

How We Speak


Nasal cavity
Front blade
Alveolar ridge
Apex
Upper lip
Teeth
Lower lip
Tip
Mandible
Epiglottis
Vocal bands
Glottis
Palate
Velum
Oral cavity
Dorsum
Tongue
Uvula
Root
Pharyngeal cavity
Larynx

Facts About Mental Retardation

☞ Affects persons of all walks of life, ethnic groups, religious groups, and educational levels.

☞ Affects about six million people and is one of the largest groups of disabled persons.

☞ Is identified in about 100,000 children each year. A mentally retarded child is born every five minutes.

☞ Directly involves one out of every ten Americans due to having a mentally retarded person in the family.

☞ Is nine times more common than cerebral palsy and affects fifteen times as many people as total blindness.

☞ Has over 250 identified causes but these account for only one-fourth of all cases. The cause of the other cases is unknown.

☞ Is believed to be preventable in 50 percent of all cases.

CARING FOR CHILDREN WITH SPECIAL TALENTS

- In guiding your child's learning, emphasize reasoning and problem solving skills, creativity, and critical thinking.

- Emphasize concepts and principles rather than concrete facts. For example, focus on why some sea animals live in shells rather than on the names of different sea shells.

- When presenting information or material, increase the complexity or depth of the material.

- Provide activities for your child to use the skills of planning, predicting, decision making, and communication.

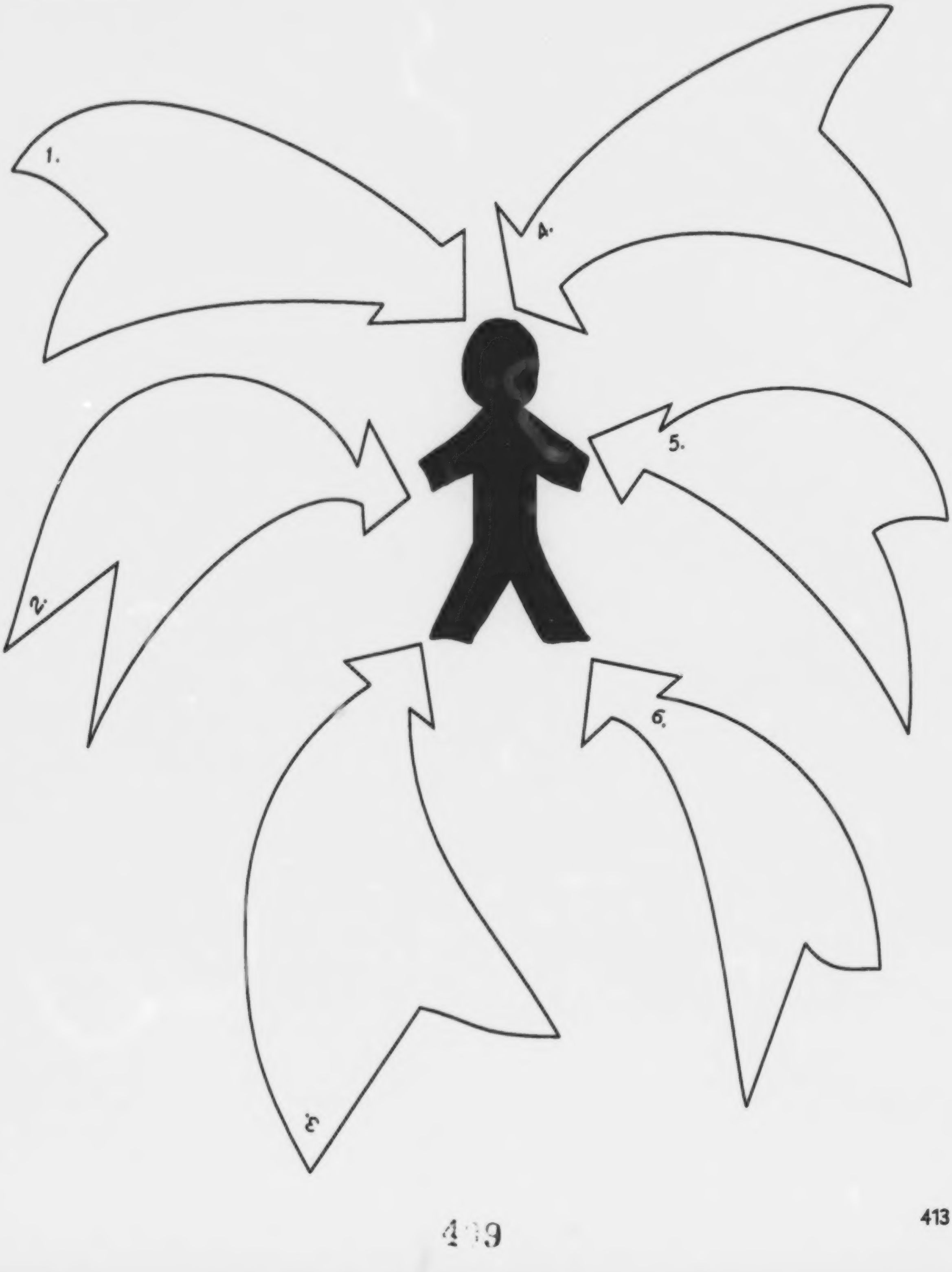
- Present situations or objects and have your child generate as many solutions or ways to use the objects as possible.

- Stimulate creative thinking by asking hypothetical questions, such as “What if...?”

- Reinforce your child’s individual interests in a particular field of knowledge. Serve as a resource person.

Activity 22-1 Factors Affecting Special Needs

Directions: Complete the following activity to identify factors that contribute to special needs in children. Identify six factors, indicate whether each is hereditary or environmental, and give a brief description of each in the arrows below.



Activity 22-2: Categories of Needs and Abilities

Directions: Review the terms associated with categories of special needs and abilities by completing the following sentences. Supply the missing letters in the boxes for the most appropriate word(s) to complete each sentence.

1. Problems with the formation and/or function of your bones are called ☐☐☐☐☐☐☐☐☐☐ impairments.

2. ☐☐☐☐☐☐☐☐☐☐ refers to a series of repeated sounds.

3. A malfunction of the brain when processing and using information is called a ☐☐☐☐☐☐☐☐ disability.

4. When the eyes are unable to distinguish between certain colors, a condition known as color ☐☐☐☐☐☐☐☐☐ exists.

5. Pronouncing or talking clearly and distinctly is known as ☐☐☐☐☐☐☐☐☐☐☐☐.

6. A child with below-average emotional, intellectual, and ☐☐☐☐☐☐☐☐ functioning is usually considered mentally retarded.

7. Asthma and cardiac conditions are examples of ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐.

8. People who are ☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐ usually wear hearing aids.

9. A total loss of hearing is referred to as ☐☐☐☐☐☐☐☐.

10. An example of muscular control difficulties is ☐☐☐☐☐☐☐☐ ☐☐☐☐☐.

11. When objects at a distance are blurred, but objects close to you are clear, you probably have an eye defect known as ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐.

12. An artificial substitute for a missing limb is known as a ☐☐☐☐☐☐☐☐☐☐.

13. Colds, tonsillitis, and stomach upsets are examples of ☐☐☐☐☐ illnesses.

14. A condition known as ☐☐☐☐☐☐☐☐☐☐ is present when two pictures are seen because the eyes are going in two different directions.

15. Slow language development in a child is called ☐☐☐☐☐☐☐.

16. Children identified with special gifts and talents also have ☐☐☐☐☐☐☐ ☐☐☐☐☐.

Activity 22-3: *Premature Babies*

Directions: Complete the following activity to review factors that place women at a higher risk of having a premature baby. Look at the scenarios listed below and place a √ next to those who are at a higher risk of having a premature baby.

____ 1. Stacey skipped breakfast and ate her usual lunch—a chocolate milk shake and a bag of corn chips.

____ 2. Sharese thought she was tired from chasing her nine-month-old all over the house. She just found out she is two months pregnant.

____ 3. Latoya began seeing her OB/GYN as soon as she missed her first period.

____ 4. Sonja didn't have much of an appetite before she was pregnant—all 95 pounds of her. She has had morning sickness almost every day for two months and can hardly keep anything down.

____ 5 Cecilia cut back to one pack of cigarettes a day when she found out she was pregnant.

____ 6. Jeana is twenty-five and pregnant with her third baby. Her other two children were born when Jeana was twenty and twenty-three.

____ 7. Maria is forty-one and pregnant with her first child.

____ 8. Susan is seventeen and pregnant with her first child.

9. Are you, or is the mother of your child, at risk of having a premature baby? Why?

10. If so, what has the health care provider recommended doing to decrease the risk

Activity 22-4: *Care and Guidance*

Directions: To summarize resources available to help parents cope with the special needs of their child, complete the following activity. Indicate whether each statement is true or false by placing a √ in the appropriate column. If the statement is false, rewrite it to make it a true statement.

TRUE	FALSE	STATEMENT
		1. Special Olympics provides athletic training and competition for mentally retarded children and adults.
		2. Advocacy, Inc. offers education to cancer patients and their families.
		3. Goodwill Industries provides residential services to individuals who are disabled or vocationally disadvantaged.
		4. Ronald McDonald Houses provide housing for ill children and their families.
		5. The Compassionate Friends provide leadership development education to disabled persons.
		6. The American Heart Association offers CPR training.
		7. Mainstreaming is a concept that places students with special needs in the same school building but in separate classrooms from students who do not have special needs.
		8. The IEPs were a result of the Education for All Handicapped Children Act.
		9. The Easter Seal Society for Crippled Children provides medical supplies and equipment to children with disabilities and their families.
		10. The Cerebral Palsy Foundation provides in-home services, support groups, counseling, and child care but does not provide pre-kindergarten education.

Activity 22-5: Challenges Faced by the Family

Part I

Directions: In the space provided below, write a paragraph that indicates how parents with mentally retarded children can obtain assistance.

Part II

Directions: Identify four resources they might turn to for support and why.

1. **Resource:**
   Why?
2. **Resource:**
   Why?
3. **Resource:**
   Why?
4. **Resource:**
   Why?

23

Managing Family Life

Essential Elements

(8) Concepts and skills related to management in family life.

- ➪ Apply procedures for meeting individual and family needs through resource management.(8A)
- ➪ Explain methods of sharing parenting responsibilities within a family.(8B)
- ➪ Apply techniques for assuming the multiple roles of school-age parents.(8D)
- ➪ Summarize the effects of management on the quality of life.(8F)

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Resource Management

FAMILY FUNCTIONS

Assign students to write essays on how family members protect each other. Students' papers should focus on how parents protect children, children protect parents, how siblings protect each other, and how parents protect each other. Have students answer why each form of protection is important. QUESTIONS: Why is this mutual protection important? What happens if this protection is not available?

Have students read materials on ways to promote positive relationships among family members. Have students identify negative behaviors and attitudes that should be avoided.

Instruct students to look through magazines and newspapers to find advertisements that depict families. Have students keep a tally of the number of ads that depict each *type* of family. Family types include nuclear family, extended family, single-parent family, blended family, and foster family. (Refer to Chapter 18 for definition of each family type.) Have students also keep a list of magazines used. (Try to provide a variety of magazines.) Have students develop a collage using the pictures they find. Based on the collage, instruct students to write a paper answering the following questions:

- How many children are usually included in families?
- Which family *type* is most often portrayed in the advertisements?
- Why do you think this is so?
- Do you think the target audience of the magazine determines the type of family portrayed in the advertisement? Why?
- Are the pictures realistic? Why?

MANAGEMENT PRACTICES

On the chalkboard or overhead projector, write the word *management*. Lead students to brainstorm what the term means to them. QUESTIONS: How is management related to promoting a healthy self-esteem? How do you juggle your own activities and responsibilities to keep up with home and family commitments?

Display Teaching Aid 23.1, Management Practices. Have students identify the various terms and give examples of each. Using the teaching aid, divide the class into pairs and ask each student to share their own management practices with one another.

Display Teaching Aid 23.2, Establishing Individual and Family Goals. Lead the class in determining a goal and deciding how each item in the diagram would influence the achievement of that goal. Have students identify two or three additional goals, and go through the same process with each.

Display a transparency of Teaching Aid 23.3, Goals. Have students interpret the following quote from the Reference Book: "Goals give you the specific direction to take to make your dreams come true." Lead a class discussion on responses and insights offered by students. QUESTIONS: Why is it important for a family to consciously set goals? How can proper management be an effective way for a family or individual to reach goals? How do long-term goals and short-term goals differ?

MANAGING TIME

Have students keep logs recording how their time is used during a complete twenty-four-hour period. After analyzing each log with the individual student, have each student illustrate how the logged time was divided by making a pie chart. Instruct students to use categories such as sleeping, eating, attending school, attending work, providing child care, and participating in leisure activities to divide their time. The pie charts should include drawings or pictures and words cut from magazines to depict each relevant category. Ask students to present their pie charts to the class and tell why time is important to them and how they can manage their time better.

MANAGING FINANCES

Invite a resource person from the County Extension office, Department of Agriculture, or Department of Human Services to speak to the class about the costs involved in raising a child to age eighteen. Guide students in preparing questions prior to the guest's arrival.

As a class, develop and discuss a life line chart of necessary expenses for a child from birth through age eighteen. Identify possible additional expenses or luxury expenses at each age. QUESTIONS: What new expenses are added at each age? What expenses increase with age? decrease with age?

Have each student develop a spending plan based on present income (including income and all expenses). Have students consult references to develop spending plans for one year in the future, estimating what their incomes and expenses will be. QUESTIONS: Why is it important to place some money in a savings account? What are some of the best ways to implement a savings plan? What flexible expenses should be eliminated or reduced? Why?

Shared Responsibilities

Have each student make a list of parenting responsibilities on a sheet of paper and determine which member of his or her family should be responsible for each responsibility. Collect the papers and redistribute them so students do not receive their own papers. Instruct students to write an *A* beside the responsibility listed if they agree with their classmate's opinion and a *D* beside the responsibility listed if they disagree. Lead a class discussion on the importance of sharing parenting responsibilities and how difficult it is to be solely responsible for all aspects of parenting. QUESTIONS: What factors influence how parenting responsibilities are shared in a family? What options for shared parenting responsibilities does a single parent have?

Have students create a graphic visual which illustrates the relationship between family members. The family illustrated could be their own or the way they want their family to be. Ask each student to explain the drawing. Arrange a display of the illustrations. QUESTIONS: What relationships exist between parents, children, and other family members? What types of parenting responsibilities are portrayed in the visual?

ROLE IDENTIFICATION

Assign each student a particular television program that depicts family life. Have the student watch at least one episode of the of the program and prepare a report detailing what type of family or families were depicted. QUESTIONS: What are the relationships depicted in the show? How similar are the families portrayed to families in real life? To what extent does the show viewed depict the influence of other adults on the family? What are the role expectations? How do the families depicted provide the basic family functions to their members?

Have students conduct a survey asking individuals (students or adults) to list the characteristics of the following roles. Have students write the role and the characteristics of the role on an index card—one card for each role.

- father
- mother
- male children
- female children
- grandmother
- grandfather
- aunt
- uncle

Collect the cards and read only the role characteristics as they are listed on the cards. Have the class identify each role by the characteristics given. Discuss reasons for discrepancies of incorrect guesses. QUESTIONS: What are role expectations? How can role conflicts develop when individuals or groups view their roles differently than family members?

Assuming Multiple Roles

DECISION-MAKING PROCESS

Have students refer to The Decision Making Process, figure 23.1 on page 267 of the Reference Book, to review the steps in making a decision. Divide the class into pairs and ask them to use the process in making a decision that young parents must face. Lead students to discuss their decision-making situations with the class. QUESTIONS: What kinds of decisions do young parents face? What important factors must be considered when making good decisions for your family?

DEVELOPING A SUPPORT SYSTEM

Lead students to brainstorm sources of support that individuals and family can receive. QUESTIONS: What kinds of support can family and friends provide? What kinds of community organizations provide needed support? Refer students to Chapter 24 for more information on community organizations.

Display Teaching Aid 23.4, Abilities Affecting Productivity. Have students give short responses, either verbal or written, on how the abilities listed on the teaching aid can affect productivity of job and home responsibilities. Lead a class discussion based on student responses about how these skills are helpful in any career, on the job, and with home responsibilities.

Management and Quality of Life

Have each student interview an older person who was at one time a school-age parent. Students should find out what parenting was like for the persons being interviewed and how they coped with being school-age parents. Guide students to develop questions to ask during the interviews. Examples include the following:

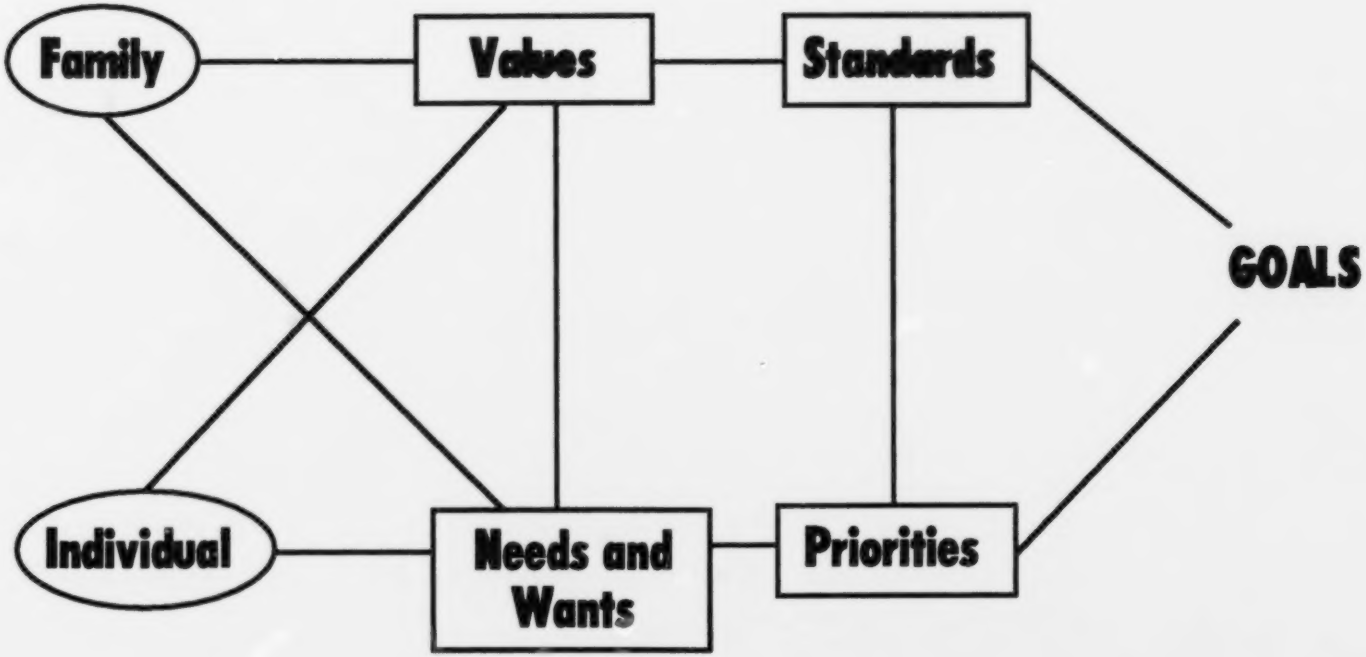
- In what ways were you prepared for having a child, and in what ways were you unprepared?
- Who provided the most help to you during your pregnancy and the first years of your child's life?
- What advice do you have for school-age parents today?

Have the students give oral reports to the class describing in detail what they learned from their interviews.

MANAGEMENT PRACTICES

- ➡ **Management** is the act of organizing or supervising activities to obtain results.
- ➡ **A resource** is a source of supply or support.
- ➡ **Goals** are purposes that individuals and families work toward.
- ➡ **Goal setting** is the identification of what one wants to achieve.
- ➡ **Values** include the worth attached to ideas or objects.
- ➡ **Standards** are criteria used to evaluate behavior, objects, and feelings.
- ➡ **A need** is a condition in which something is required for the physical or mental well-being of an individual.
- ➡ **A want** is a condition in which something desirable is lacking.
- ➡ **Priorities** are the activities or actions that demand attention over other activities or actions.

Establishing Individual and Family Goals


Family

Values

Standards

GOALS

Individual

Needs and Wants

Priorities

TA 23.2

GOALS

Goals give you the specific direction to take to make your dreams come true.

— Bob Conklin

TA 23.4

Abilities Affecting Productivity

numerical ability

reasoning ability

verbal ability

word fluency

following directions

record keeping ability

willingness to work

Activity 23-1 Shared Responsibilities

Directions: Individuals play many roles in their lives. Complete the following activity to identify roles that you play now.

1. **Who do you live with?**

2. **Identify all of the roles that you now play (mother, father, student, cook, etc.).**

3. **Which of these roles do you consider to be your most important role?**

4. **Which of these roles do you think your parents would identify as your most important role?**

5. **If you do not live with your parents, which role do you think the person you live with would identify as your most important role?**

6. **What roles do those that you live with play?**

7. **Is it ever difficult for you to choose which role to handle at a given time?**

8. **What, if any, roles would the person or persons you live with be willing to help you with?**

Activity 23-2: *Shared Responsibilities*

Directions: In the spaces provided below, review and summarize the importance of each parenting responsibility identified. Refer to Chapter 3 of the Reference Book for more information.

1. Role Identification

2. Child Guidance

3. Legal and Moral

4. Financial

5. Health and Safety

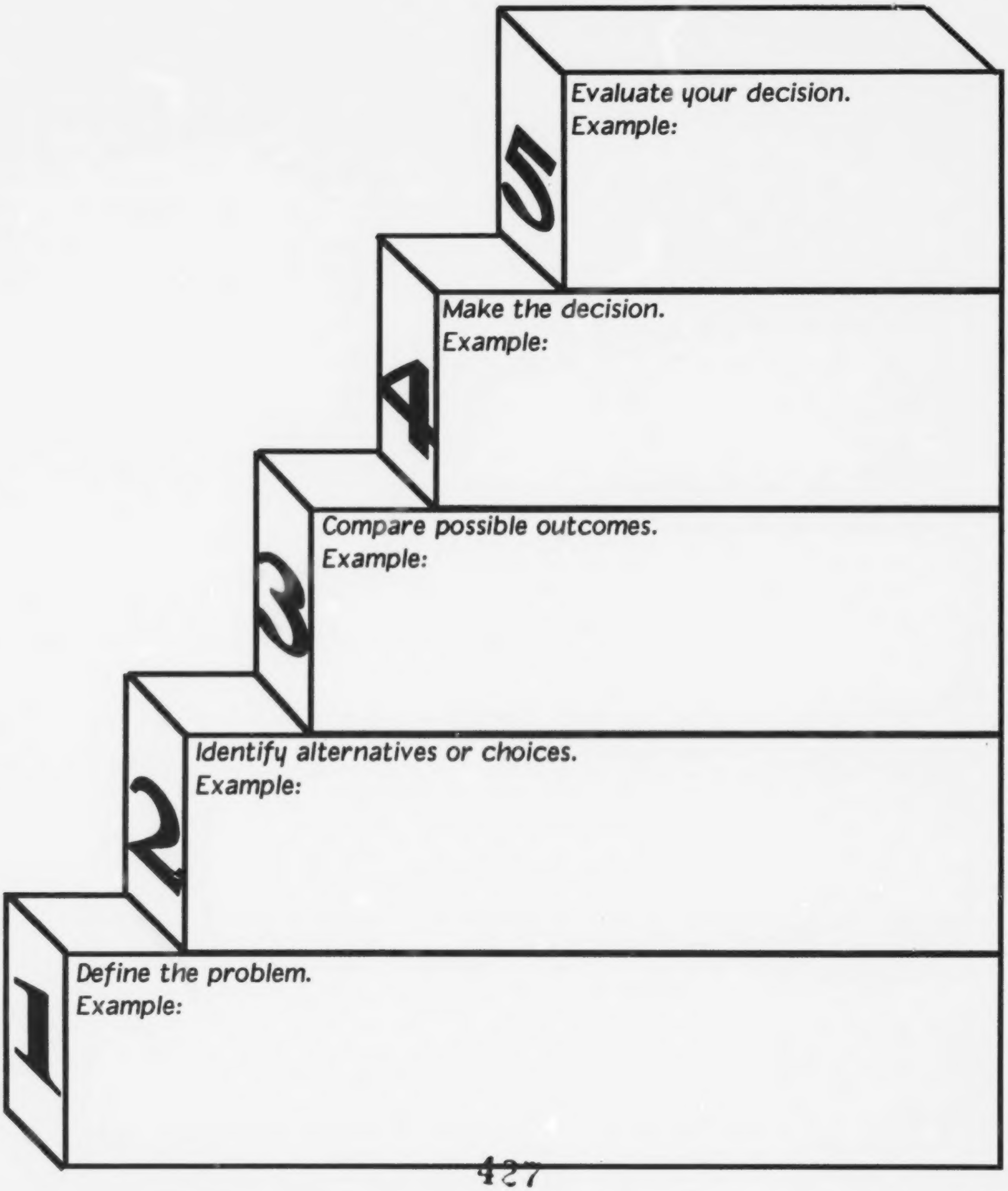
6. Social and Emotional Development

7. Intellectual Development

8. Identify and summarize one other parenting responsibility.

Activity 23-3: Assuming Multiple Roles

Directions: STEP UP to understanding the decision making process by completing the items on the staircase below. Begin with the bottom step. Think of an issue your family is facing. Use the decision making process to plan a strategy for dealing with the issue. Write your own example in the space provided in the staircase.



Evaluate your decision.
Example:

Make the decision.
Example:

Compare possible outcomes.
Example:

Identify alternatives or choices.
Example:

Define the problem.
Example:

24 Family services

Essential Elements

(8) Concepts and skills related to management in family life.

- Summarize community resources available to assist families.(8C)
- Identify potential sources of income.(8E)

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Teaching Aids 439
Student Activities 441

Community Resources

Divide the class into several groups, and give each group a local or out-of-town telephone directory. Ask each group to refer to the directories to develop a list of agencies that are available to help them or their families deal with problems concerning finances, health care, and education.

Display Teaching Aid 24.1, Categories of Community Resources. Lead students to define each broad resource category and to discuss the importance of each of the three major categories of community resources.

PREVENTION

After students have read the corresponding text in the Reference Book, lead students to brainstorm and compile a list of community resources which provide prevention services for families and individuals. Use the list to lead a class discussion about the importance of prevention services. QUESTIONS: What do prevention services primarily emphasize? Why? How can preventative health care benefit the community as a whole?

Invite a resource person from an organization that provides prevention services, such as the March of Dimes, to speak to the class about the organization. Guide students in preparing questions prior to the speaker's arrival.

INTERVENTION

Lead a class discussion on intervention services. QUESTIONS: What are examples of intervention services? When are intervention services necessary? Who provides intervention services? How do intervention services differ from prevention services?

Instruct each student to write a short paper describing a personal experience, or one the student has heard about, with an intervention service. Have student volunteers share their papers with the class.

ENHANCEMENT

Lead students to brainstorm services that provide enhancement. Lead a class discussion based on students' contributions. QUESTIONS: Why are enhancement services important? Are they independent of prevention and intervention services? Why?

Invite resource persons from the YWCA, YMCA, Big Brothers/Big Sisters, or other enhancement-oriented organizations to speak to the class about the programs and benefits of the programs offered by their specific organizations. As an alternative to the speakers' visiting the class, you (or student volunteers) could tape record an interview with the resource person(s). Guide students in preparing questions that they would like answered by the individuals.

Support Services

Display Teaching Aid 24.2, Support Services, and lead a class discussion about the variety of support services available to help school-age parents and their children. QUESTIONS: Why do these services exist? Are all of these services available in the community? What is the cost of these services?

RELIGIOUS SERVICES

Lead a class discussion regarding the support students can receive from a church, synagogue, or other religious organization. QUESTIONS: What services do religious organizations provide? Who is eligible to receive these services? How can students who are members of religious organizations help provide support services to other individuals?

Invite a panel of clergy or religious leaders to discuss with students the services they provide for school-age parents and their children. Ask panel members to address the various programs their membership provides. Guide students in preparing written questions prior to the presentation.

EDUCATIONAL SERVICES

Have students collect or create ideas regarding support services available in educational settings. Ask students to share their ideas in class.

Form a panel of school personnel who work with school-age parents. Lead a discussion about support services available to school-age parents while they are in junior high and high school Also have the panel address support services available to students and their children if they decide to go to college. Allow students to question panel members about items of interest to them.

Divide the class into groups. Have each group research financial aid programs available through local post-secondary institutions. The state and federally supported programs listed in the text could be divided among the groups to research. Have each group elect a group leader to report the group's findings to the class.

HEALTH SERVICES

Write the term *sliding scale* on the chalkboard or overhead projector, and have students write their own definitions of the term. Have students share their definitions with the class. Use the definitions to lead a class discussion on sliding scales and their use in health services.

Write the term *health services* vertically on the chalkboard. Instruct students to think about what they know about Health Services. Beginning with the letter *H*, have students list all words they can think of related to health services that begin with an *H*. Continue with the other letters. Integrate the students' lists into a class discussion that specifically defines health services.

YOUTH ORGANIZATIONS

Have students refer to figure 24.4, Youth Organizations, in the Reference Book. Lead students in discussing the organizations listed. Take a poll of the class and see how many students were or are members of the various organizations. Ask students to identify and summarize additional organizations of which they are members or about which they know. QUESTIONS: What are the benefits of each organization? How does one become a member of each? What type of commitment is required of members in each organization?

PROFESSIONAL SERVICES

Arrange for a doctor/health care provider or dentist to speak to the class about special concerns of children or about children. Ask the speaker to include information about illnesses or conditions that require special care as well as the importance of routine preventive care.

Lead a class discussion on why parents sometimes fail to seek professional assistance for their children. Identify possible responses students might have to a parent who did not seek professional assistance for his or her child in the following situations:

- The child is ill and is not getting better.
- The child is ten and has never seen a dentist.
- The child has emotional difficulties and her or his parents are ashamed to discuss it.

Have students identify additional situations and compose responses to the parents in each situation.

CATEGORIES OF COMMUNITY RESOURCES

PREVENTION

INTERVENTION

ENHANCEMENT

SUPPORT SERVICES

- Religious Services
- Educational Services
- Health Services
- Youth Organizations
- Professional Services

Activity 24.1: Community Resources

Directions: Complete the following activity to identify community resources. Match each resource with its description. Place the letter of the appropriate resource in the blank to the left of each description listed.

A. Department of Health
B. Department of Human Services
C. Department of Mental Health and Mental Retardation
D. Youth Commissions
E. U.S. Department of Health and Human Services

_______ 1. provides aid to families with dependent children

_______ 2. provides vision, hearing, and speech testing and assistance

_______ 3. provides community services for delinquent youth

_______ 4. provides psychiatry and human behavior services

_______ 5. provides Head Start programs

_______ 6. provides water fluoridation to unfluoridated community water systems

_______ 7. provides child protective services

_______ 8. provides food coupons to families with infants and children through age five

_______ 9. provides meals for children from families with reduced incomes

_______ 10. provides Social Security survivors benefits

_______ 11. provides services to enable independent living for people with mental illness and offers support to families caring for these individuals at home

_______ 12. provides funding to local agencies for children through age three with developmental delay and their families

_______ 13. provides juvenile justice

_______ 14. provides rehabilitation services for people with hearing impairments

_______ 15. provides communicable disease control

Activity 24-2: Community Resources

Directions: Where would you go to find help for the following situations? Select the appropriate agency or agencies (private or government) from the list in your readings. Write your answers on the lines provided.

1. You suspect that you are pregnant

2. You are experiencing severe menstrual problems

3. Your new baby has a low-grade fever and will not stop crying

4. Your child has been diagnosed with eye problems and needs glasses that you cannot afford

5. You have recently moved to a new town and your child needs to follow-up with his immunizations

6. Your child was in an accident and suffered a severe head injury

7. You are a single parent with a young child. It is difficult making ends meet and there is never enough to eat

Activity 24-3: Support Services

Directions: Write a paragraph to answer the questions: Which support services identified in the Reference Book do you feel are most important to school-age parents? Why?

25 Careers and Job Opportunities

Essential Elements

(9) Concepts and skills related to careers and job opportunities.

- Explain the importance of work ethics.(9A)
- Determine skills and work habits contributing to employability.(9B)
- Describe the interrelationship between home life and work life.(9C)

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Student Activities 459

Characteristics Needed for Employment

Lead students to brainstorm work habits that are necessary in order to keep a job. Have each student choose a personal work habit that he or she feels could be improved. Instruct each student to write a paragraph describing a plan of action to improve the selected habit and enable the student to become an excellent employee.

Display Teaching Aid 25.1, Characteristics Needed for Employment. Lead a class discussion on the importance of each characteristic listed. QUESTIONS: Which trait listed is most important? Why? What is more important on the job, subject matter knowledge or personal characteristics? Why?

POSITIVE ATTITUDE

Write the term *positive attitude* on the chalkboard or overhead projector. Have students write their own definition of the term on a piece of paper. Display Teaching Aids 25.2 and 25.3, Your Attitude Shows. Use student definitions along with the teaching aids to lead a class discussion on the importance of a positive attitude in the workplace. QUESTIONS: Do you like to associate with people who have a negative attitude? Why do employers prefer an employee with a positive attitude?

Invite the director of personnel from a business to speak to the class on the importance of presenting a positive attitude during an interview. Ask the speaker to relay actual interview situations where potential employees had both positive and negative attitudes. Have the speaker discuss not only wordage that portrays a negative attitude, but also how body language can convey a negative attitude. Have students write thank-you letters to the speaker after the presentation.

PERSONALITY

Show students the videotape, *Who is the Me in Me?*, available from the Home Economics Curriculum Center, Box 41161, Texas Tech University, Lubbock, Texas, 79409-1161. After viewing the videotape, lead a class discussion about personality development and why it is important for people to understand themselves before being able to understand others. QUESTIONS: What is the relationship between self-esteem and personality? Why is it difficult at times to like everyone you work with?

Divide the class into cooperative learning groups. Have each group develop a poster display depicting people with different personalities. Have each group present their poster to the class. QUESTIONS: What characteristics do the people depicted display? What types of careers do you think they have? How important do you think their personalities are to their careers? Why?

PERSONAL APPEARANCE

Have students write a short analysis of their feelings toward personal appearance and the workplace. Have student volunteers share their analysis with the class.

Lead students to brainstorm different ways an individual's appearance affects the amount of success achieved by that person. Continue to brainstorm and develop a list of ways a person can develop a positive, pleasing appearance.

SELF-CONTROL

Ask students to think about a past experience where they lost their temper, lost control of their emotions, or witnessed someone else doing so. Have student volunteers share their experience or one they witnessed with the class. Lead students to brainstorm positive ways individuals can practice self-control.

Have students watch a television show that depicts work situations. Have students record the number and types of conflicts that arise between employees. Instruct students to write a paragraph for each conflict, briefly describing the conflict and how the employees involved reacted to the situation. Have student volunteers share their paragraphs with the class. QUESTIONS: What were the sources of conflict in the work situations viewed? Was the reaction in each instance appropriate? Could the situation have been handled in a better way? How did the employees use, or fail to use, self-control?

INITIATIVE

Write the term *initiative* vertically on the chalkboard or overhead projector. Lead students to identify two or three adjectives that begin with each letter of the term that describe a person with initiative. Have a student volunteer write the adjectives on the chalkboard or overhead projector next to the appropriate letter. QUESTION: Why is initiative a characteristic desired for employment?

Divide the class into cooperative learning groups. Have each group develop two case studies—one about an employee who has displayed initiative on the job and one who has not. In the case studies, students should depict each employee asking her or his boss for a raise. Have each group present their case studies to the class. QUESTIONS: If you were the employer, which employees would get the raise they requested? Why?

COOPERATION

Instruct students to develop a bulletin board depicting people cooperating to get something done. Students can use pictures from magazines or draw their own pictures. When the bulletin board has been completed, have each student write a paragraph about cooperation and how the class cooperated to complete the bulletin board. QUESTIONS: What happens when people do not cooperate? What happens at home? at work?

Make two columns on the chalkboard or overhead projector. Title one column *cooperative*. Title the other column *uncooperative*. Lead students to brainstorm characteristics of people who are cooperative and uncooperative. Have a student volunteer write the characteristics in the appropriate columns. Use the lists to facilitate a class discussion on the importance of cooperation.

HONESTY

Display Teaching Aid 25.4, Jessie's Dilemma. Have students debate Jessie's options. QUESTIONS: What would you do if you were Jessie? Why?

Ask each student to interview one employer about honesty and employees. Have students ask the employer to describe a positive or negative incident he or she has faced regarding honesty and an employee. Have each student write a summary of the interview and share the findings in class.

ACCURACY

Instruct students to write essays about the importance of accuracy in the workplace. After collecting and reading the essays, compile the key concepts presented by students and present them to the class. Lead students to discuss the results. QUESTIONS: What consequences can result from inaccuracy in the workplace? Who suffers these consequences?

Show an audiovisual on accuracy in the workplace. Direct students to record ideas they have while watching the audiovisual presentation on ways to improve their own accuracy in the workplace. QUESTIONS: What can employees do to improve their own accuracy? What can employers do to help improve the accuracy of their employees in the workplace?

COMMUNICATION SKILLS

Display Teaching Aid 25.5, Good Listening Practices, and lead students to explain the value of developing good listening skills. Point out to students that a skillful listener will receive and understand messages sent.

Show students the videotape, *Are You Listening?*, available from the Home Economics Curriculum Center, Box 41161, Texas Tech University, Lubbock, Texas, 79409-1161. Divide the class into cooperative learning groups, and have each group select a component from the video tape to illustrate for the class through role play or oral presentation. Instruct students to adapt the information presented in the videotape to a work-related situation.

PROFESSIONALISM

Write the term *professionalism* on the chalkboard or overhead projector. Ask students to write their own definition of the term. Have students compare their definitions to the one in the reference book. Lead a class discussion on the characteristics of professional behavior. QUESTIONS: Is there a difference between a professional and professional behavior? In your opinion, what makes someone a professional?

Have students design a bulletin board using pictures or words with *professionalism* as the bulletin board's theme.

Work Ethics

Lead a class discussion on ethics and its importance in the workplace. Have students develop different employment situations and explain why an employee's conduct is considered to be unethical. Examples of unethical employment situations are as follows:

- Jerry usually arrives at work fifteen or twenty minutes late because he has to take his son to a child care center. Jerry tells a co-worker that it does not matter if he is late because the boss does not notice and he has a legitimate reason for being late.

- Omar learns that a co-worker, Celia, will be fired. Omar tells a good friend, who is also a co-worker. Celia hears from a co-worker that she will be fired soon.

Lead an informal lecture about ethics in the workplace. Instruct students to look through magazines and newspapers to locate articles about unethical business behavior. Have each student summarize one article and present it to the class.

Lead a class discussion about the work ethic in the United States. QUESTIONS: What has society in the United States grown to expect from employed citizens? What obligations does one have as an employed citizen? Do all people in society value work in the same ways? Why?

Interrelating Home and Work Life

Pass around a list containing the names of television programs that deal with home and work life. Ask each student to choose a program to watch; have students report back to the class on the program viewed. Based on student reports, lead a class discussion on the ways television portrays the relationship between work and home life. Have each student tell the class why she or he agrees or disagrees with the way work and home life was portrayed on the television program viewed. QUESTION: How does your home and work life differ from the home and work life depicted on television?

WORK HOURS

Lead a class discussion on the importance of considering work hours when looking for employment. QUESTIONS: What factors should you consider when looking for a job? What factors influence the hours you are available to work?

Have students look through the employment section of the classified ads in the newspaper. Have each student select an ad for a job in which they might be interested. QUESTIONS: What are the work hours for the job selected? How would that work schedule fit your lifestyle today? in five years?

COMPENSATION

Write the term *compensation* on the chalkboard or overhead projector. Ask each student to write a definition for the term. Have several students share their definitions with the class. Lead a class discussion about different types of compensation plans. QUESTIONS: What is the current minimum wage rate? What type of compensation method is best for you right now? in the future?

Have students create a classified ad which describes their concepts of the perfect job. Have them also create a job description that might be presented at a job interview for the same job. The job description should include the job responsibilities, work schedule, salary, and benefits. Have students share their classified ads and their job descriptions with the class.

After vocational aptitude testing to determine career interests, have each student write a paper on the career for which he or she is best suited. Have students use references to determine the yearly salaries for their career areas. Students should determine if the salaries will be sufficient for their present needs, their needs one year in the future, and their needs five years in the future.

BENEFITS

Lead students to define the term *benefits* and to brainstorm types of benefits used to compensate employees. QUESTIONS: Why do employers use benefits to compensate employees? What are the advantages of benefits? What are the disadvantages of benefits? What is the worth of specific benefits in terms of equivalent dollars?

Make arrangements to have class meet in the school library. Have students research information on the Family Leave Bill. Students may also refer to newspapers or magazines. Have each student write a paragraph summarizing findings.

Display Teaching Aid 25.6, Employee Benefits. Lead a class discussion on the advantages and disadvantages of each benefit listed. QUESTIONS: Which benefits do you hear about most often? What benefits, if any, do you have at your current job? Do you feel that benefits are important to employee production and satisfaction? Why?

FAMILY RESPONSIBILITY

Lead a class discussion on the following statement from the Reference Book: "Your career choices must be made carefully with consideration for your own needs and the needs of your child and other family members." QUESTIONS: How can career choices affect family members other than yourself? As a parent, what is your role in providing financial support? What does society require regarding family responsibility?

Characteristics Needed For Employment

Positive Attitude

Personality

Personal Appearance

Self-Control

Initiative

Cooperation

Honesty

Accuracy

Communication

Professionalism

TA 25.2

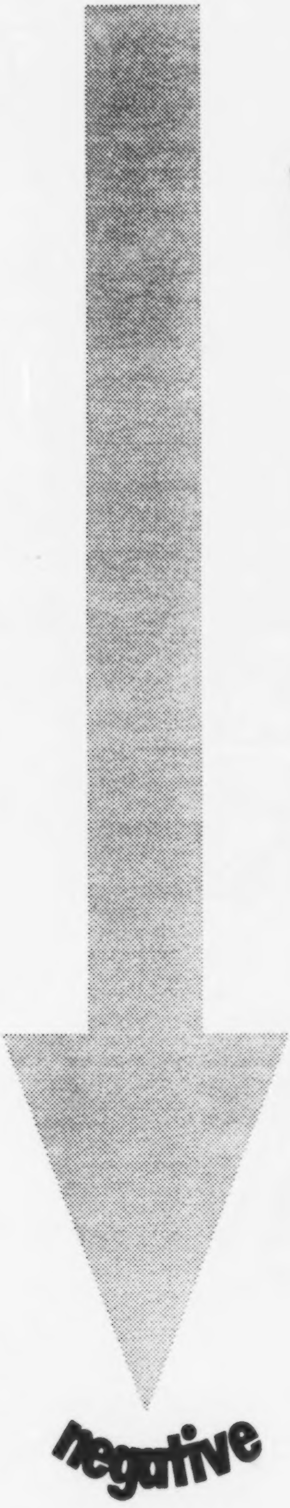
YOUR ATTITUDE SHOWS

A person with a positive attitude

- is friendly
- smiles often
- adapts easily to change and new ideas
- is considerate of others
- accepts responsibility
- is happy
- has an optimistic outlook on life
- is cooperative
- keeps complaints to self
- is not critical of others
- sees most criticism as constructive

TA 25.3

YOUR ATTITUDE SHOWS

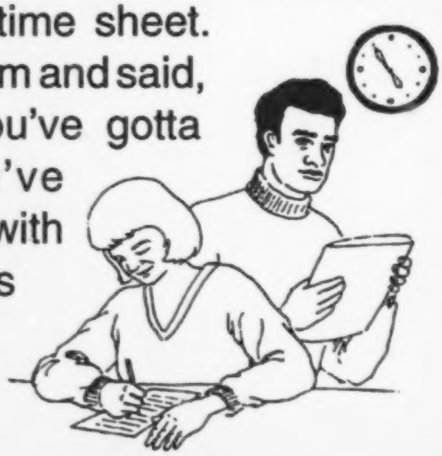


A person with a negative attitude

- is unfriendly
- frowns or rarely smiles
- resists or refuses to change or accept new ideas
- is inconsiderate of others
- is unwilling to accept responsibility
- complains to everyone about everything
- is critical of others
- is disgruntled
- has a pessimistic outlook on life
- sees all criticism as destructive

Jessie's Dilemma

Sarah is scheduled to work from 1 p.m. to 5 p.m., Monday through Friday. Sarah was thirty minutes late for work on Monday, left fifteen minutes early on Tuesday, and left to run an errand on Thursday for forty-five minutes. Jessie is the only one who knows about Sarah's coming and going. Jessie was talking to Sarah as she completed her time sheet—she recorded having worked from 1 p.m. to 5 p.m. every day this week. Jessie knows that Sarah incorrectly recorded her hours, but is afraid to say anything. Sarah saw Jessie looking at her time sheet. She smiled at him and said, "Sometimes you've gotta do what you've gotta do." And with that she was gone—five minutes before 5 p.m.



GOOD LISTENING PRACTICES

- ☞ Concentrate on what is being said.
- ☞ Ignore distractions.
- ☞ Establish eye contact with the speaker.
- ☞ Do not interrupt the speaker.
- ☞ Ask the speaker to explain in more detail what he or she is saying.
- ☞ Listen to the entire message rather than selected parts.
- ☞ Keep an open mind to new ideas.
- ☞ Listen for feelings that are not verbally expressed by the speaker, such as happiness, sadness, anger, or frustration.

Employee Benefits

Vacation and Sick Leave

Holidays

Profit-Sharing and Retirement Programs

Child Care Options /Programs

Health Insurance

Cafeteria Plans

Activity 95.1: Characteristics Needed for Employment

Directions: Complete the following activity by answering the questions in the spaces provided. All of the questions will be proceeded with the following statement:

How do you think your employer would respond if you...

1. were late to work and told your employer you forget to set your alarm?

2. worked late to finish a project?

3. were caught taking money from the cash register?

4. took your child to work with you because your babysitter did not show?

5. missed a week of work because your child had the chicken pox?

6. greeted customers politely as they entered the business?

7. came dressed professionally?

8. had your boyfriend or girlfriend call in sick for you when you were not really sick?

Activity 25-2: Work Ethics

Directions: Imagine yourself in the following situation. Respond to the situation by answering the question at the end of the case study. Use complete sentences.

Jaime has just accepted a job at The Burger Barn. He has only been there one week, but he has already noticed other waitstaff members giving their friends "free" food and eating meals themselves without paying for them. Jaime is short on cash with the new baby and all, and he is really tempted to eat a few good meals himself—compliments of The Burger Barn. At the same time, Jaime also knows that what his co-workers are doing is wrong. Should he tell someone and risk his new job and his rapport with his co-workers, or should he keep quiet and let his co-workers continue to steal from the business?

Activity 25-3: Interrelating Home and Work Life

Directions: Write a response to the following statement stating whether you agree or disagree and why.

> *Working full-time may free you from the greater economic insecurity of joblessness or part-time work, yet your job may cause you difficulty in balancing work and family responsibilities.*

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Student Activity Answers

Student Activity Answers

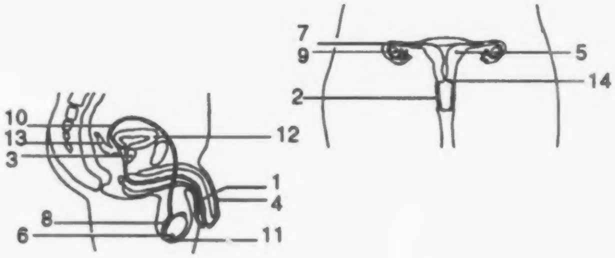
As a timesaving device for teachers, or to enable students to check their own answers to activities, answer keys are provided for those activities which test recall of specific information. The majority of the activities require application of higher-level learning skills; for those activities, answers will vary, and no answer keys are provided. For some activities which require filling in information on charts, the pages in the Reference Book are cited where much of the information can be found.

Activity 1-8

1. AG Eating your spinach will help you grow strong and healthy.
2. P I am going to get some coffee. Would you like some?
3. AS
4. P Susan, I will not be able to do your work anymore. I am too busy doing my own work.
5. AS
6. AG I believe we need to spend more time training you for this position so you feel more comfortable with your work.
7. P My vacation plans have been set for quite awhile, so I will finish your report when I return.
8. AG Your behavior in this area shows a lack of responsibility. This will need to improve if you want to continue to work for us.

Activity 2-1

1. urethra
2. vagina
3. prostate
4. penis
5. uterus
6. testes
7. fallopian tubes
8. epididymis
9. ovaries
10. vas deferens
11. scrotum
12. bladder
13. seminal vesicle
14. cervix



Activity 2-2

ACROSS

2. menstruation
5. fallopian tubes
7. embryo
8. one
9. ejaculation

DOWN

1. conception
2. menopause
3. uterus
4. ovulation
5. fertilization
6. semen

Activity 2-3

1. e
2. d
3. b
4. f
5. a
6. c
7. i
8. g
9. h

Activity 2-5

Part I: Being sexually active can be risky.
Part II: Answers will vary.

Activity 2-6

STD	Cause	Possible Symptoms	Possible Treatment
gonorrhea	neisseria gonorrhoeae	---	antibiotics and bedrest
genital warts	---	small bumps on the genitals	medication, cyrosurgery, or laser treatment
AIDS	Human immunodeficiency virus	fatigue, sudden weight loss, colds, coughs, and diarrhea	---
---	herpes simplex type 2 virus	tiny fluid-filled blisters on the genitals	antiviral oral drugs; keeping sores clean and dry
syphilis	---	painless lesions or chancres	antibiotics
PID	caused by bacteria	---	antibiotics

Activity 2-7

1. True
2. True
3. False AIDS cannot be transmitted by contact with inanimate objects or casual human contact such as hugging and touching.
4. False Syphilis is caused by a microorganism called a spirochete.
5. False PID is caused by a bacteria and can occur only in females.
6. True
7. True
8. False AIDS can be transmitted by both homosexual and heterosexual contact, by receiving HIV infected blood or blood products, and by using contaminated needles to inject intravenous drugs.
9. True
10. True

Activity 2-8

Responses should be based on information found in table 2.1 of the Reference Book.

Activity 3-3

Need:	Self-actualization needs
Definition:	need to grow and reach full potential
Need:	Self-esteem needs
Definition:	need for self-esteem and for the respect and admiration of others
Need:	Love and Belonging needs
Definition:	need to belong to a family and other groups and need to love and be loved
Need:	Safety needs
Definition:	need for protection from physical harm and sense of security from knowing that needs will be met
Need:	Physiological needs
Definition:	need for food, water, sleep, and shelter
Examples:	Examples will vary.

Activity 5-1

1. False Young parents have rights concerning their children.
2. True
3. False Giving a child the father's last name is legal, but that does not mean he is the legal father.
4. True
5. True
6. False The decision birth parents make to release their child for adoption is irreversible.
7. True
8. True
9. False One of the many reasons for a father to declare paternity is to ensure his child's financial security.
10. False There are no quick and easy ways to terminate a marriage.

Activity 6-1

1. hemophilia
2. spinal cord
3. chromosome
4. PKU
5. Tay-Sachs
6. cystic fibrosis
7. cleft lip/cleft palate
8. hydrocephalus
9. oxygen
10. congenital heart defects
11. muscular dystrophy

Activity 6-2

Refer to pages 61-62 of the Reference Book.

Activity 6-5

Answer: Eating well during pregnancy is vital to the mother and baby's health.

Activity 7-1

1. c
2. d
3. g
4. f
5. a
6. b
7. b
8. e
9. e
10. a

Activity 7-3

Part I:

1. tests
2. concern, problem
3. sonogram
4. sound waves
5. alpha-fetoprotein
6. fourth
7. genetic, chromosomal
8. chorionic villus sampling (CVS)
9. villi

Part II: Answers will vary.

Activity 7-4

1. major - ectopic pregnancy, placenta previa
2. major - dehydration
3. minor
4. major - preeclampsia, eclampsia
5. minor
6. minor
7. major - ectopic pregnancy, hydramnios, premature labor
8. major - preeclampsia, eclampsia
9. minor
10. major - preeclampsia, eclampsia
11. minor
12. major - symptom of illness
13. major - hypertension, gestational diabetes, preeclampsia, eclampsia
14. minor
15. major - preeclampsia, eclampsia

Activity 7-5

1. False It is necessary to eat a well-balanced diet and gain weight appropriately during pregnancy to have a healthy baby.
2. True
3. False A woman should not soak in hot water when pregnant, because it may damage her baby's development.
4. False Traveling during pregnancy is usually fine as long as the woman is comfortable.
5. True
6. True

7. True
8. True
9. False Wearing high heels during pregnancy can throw a woman off balance and cause her to fall.
10. True

Activity 7-6 (Answers may vary.)

Ailment	Cause	Solution
Heartburn	results from stomach acid flowing up into the esophagus	eat smaller meals more frequently and avoid eating several hours before going to bed
Constipation	unable to have a bowel movement	eat more fruit and vegetables, drink plenty of fluids, adding bran and prunes to the daily diet
Hemorrhoids	result from pressure on the veins at the anal opening	warm baths, ice packs, and compresses soaked in cold witch hazel
Sleeping Problems	pregnancy, baby's movements and frequent need to urinate	warm bath before bed
Frequent Urination	growing uterus pressing against the bladder	decrease amount of fluids drunk in the evening
Nausea	early signs of pregnancy	eat several small meals during the day, eat a few crackers before getting out of bed
Backache	extra weight of the baby	use good posture, prenatal exercises

Activity 8-2

Stage I
contractions - the involuntary tightening of the muscles surrounding the uterus
effacement - when the cervix becomes very thin and merges with the walls of the uterus
dilation - when the opening of the cervix stretches

Stage II
episiotomy - a small incision between the vagina and anus
forceps - long metal tongs which are used to assist in delivery
crowning - the sight of the baby's head in the birth canal
contractions

Stage III
afterbirth - the "delivery" of the placenta
contractions

Activity 9-1

Answers will vary because students will have to make some assumptions to assign an Apgar rating. Ask each student to provide justification for the scores assigned.

Activity 11-1

1. NUTRIENTS
2. PROTEIN
3. CARBOHYDRATES
4. VITAMINS
5. MINERALS
6. WATER
7. LIPIDS
8. RDA
9. AMINO ACIDS

Summary: **NUTRITION** can be defined as the food we eat and how our body uses the nutrients in the food.

Activity 11-2

FYI	Vitamins	Minerals	Food Sources	Functions
5	11	6	25	20
8	16	19	21	9
13	2	7	14	3
10	23	15	12	1
24	18	4	22	17

Activity 11-3

Breakfast	A-3	B-1	C-2
Lunch	A-2	B-1	C-3
Dinner	A-1	B-3	C-2
Snack	A-2	B-3	C-1

Activity 11-5

1. Females: 11-14 Vitamin A - 800 mg. Vitamin C - 50 mg.
   Females: 15-24 Vitamin A - 800 mg. Vitamin C - 60 mg.
   Males: 11-14 Vitamin A - 1000 mg. Vitamin C - 50 mg.
   Males: 15-24 Vitamin A - 1000 mg. Vitamin C - 60 mg.
2. 800 mg.
3. Yes. Females need more iron because of the requirements for a female's reproductive processes.
4. Fat-soluble vitamins can be stored in the body.
   Water-soluble vitamins cannot be stored in the body and must be replenished daily.
5. Pregnant women need more protein, water-soluble vitamins, vitamins E and K, and minerals such as magnesium, iron, zinc, iodine, and selenium.
6. Vitamin D is important for normal growth and development of bones and teeth. These stages of the life cycle experience rapid growth.
7. Lactating women need greater amounts of protein, vitamins A,C, and E, as well as some increased levels of other vitamins and minerals.
8. Zinc and iodine requirements remain the same.

Activity 13-1

ACROSS

1. rectal
3. diarrhea
5. lethargy
7. colic
11. immunizations
13. respiratory
15. doctor
17. croup
19. chickenpox

DOWN

2. fever
4. axillary
6. jaundice
8. eat
9. excessive
10. vomit
12. DTP
14. oral
16. symptoms
18. pinkeye
20. ringworm

Activity 14-3

Statements 1, 2, 4, 6, 7, and 10 are safe practices.

Statements 3, 5, 8, and 9 are dangerous practices. The statements could be rewritten as follows:

3. Because babies like to suck on things such as toys and cribs, lead-free and non-toxic paints and finishes should be used.

5. Give children freedom in protected areas that are supervised closely by an adult.

8. Good safety habits should be exemplified for children of all ages.

9. Hazardous items should be stored in a locked cabinet or out-of-reach of young children. Never presume that it is out-of-reach.

Activity 17-2

1. E
2. J
3. D
4. M
5. B
6. N
7. H
8. C
9. K
10. A
11. L
12. O
13. I
14. G
15. F

Activity 18-1

ACROSS

1. assimilates
2. Piaget
4. norms
5. maturational
9. Gesell
10. positive
11. psychosocial

DOWN

1. accomodation
3. theory
5. Maslow
6. operant
7. behaviorism
8. deviant

Activity 20-2

love, trust, encouragement, parenting style, guidance, goals, and role model

---

Activity 21-1

ACROSS

5. family violence
8. physical neglect
11. separation

DOWN

1. death
2. family crisis
3. financial
4. medical
6. emotional
7. communication
8. physical
9. sexual abuse
10. divorce
12. abandonment

Activity 22-2

1. orthopedic
2. stuttering
3. learning
4. blindness
5. articulation
6. physical
7. chronic illnesses
8. hearing impaired
9. deafness
10. cerebral palsy
11. nearsightedness
12. prosthesis
13. acute
14. strabismus
15. delayed
16. special needs

Activity 22-3

1. √
2. √
3.
4. √
5. √
6.
7. √
8. √
9. Answers will vary
10. Answers will vary

Activity 22-4

1. True
2. False Advocacy Inc. is a corporation formed to protect the legal rights of people who have disabilities.
3. True
4. True
5. False The Compassionate Friends provide support groups to families who have lost children due to death.
6. True
7. False Mainstreaming is a concept that places students with special needs in many of the same classes and program with children that do not have special needs.
8. True
9. True
10. False The Cerebral Palsy Foundation does provide pre-kindergarten education.

Activity 23-2

Answers may vary but should include the following:

1. Difficulty could arise when family members are confused about their roles and family expectations.
2. All children need guidance. Guidance includes all of your actions and words used to influence your child's behavior.
3. Legal responsibilities of parenting include those things that are required because of a law. Moral responsibility involves rearing your child to be a responsible and contributing member of society. A child's moral development involves his or her respect of others, understanding of rules, and ability to make good value decisions about what is right and what is wrong.
4. Parental financial responsibility begins with the first pregnancy test or visit to the physician and does not end until the child is able to live and support himself or herself independently.
5. Every child must have basic needs met to ensure healthy development. Safety begins with medical checkups, inoculations, and safe physical and emotional surroundings.
6. Children need affection. The affection of both parents and other family members is important for the social and emotional development of children.
7. Cognitive development is how children gain the ability to think and know about things.
8. Answers will vary.

Activity 24-1

1. B
2. A
3. D
4. C
5. E
6. A
7. B
8. A
9. B
10. E
11. C
12. A
13. D
14. C
15. A

Chapter Tests

Chapter 1 Test
Personal Development

Name ______________________________

Date ______________________________

Part A: Place the correct answer for each item in the blank to the left of each number.

______________ 1. __________ is the image a person has of himself or herself.

______________ 2. The ability to understand your feelings, talents, experiences, habits, hopes, and actions is known as __________.

______________ 3. Making choices based on the advantages or disadvantages involved in a situation is called __________ __________.

______________ 4. Attaining a ____________ is easier when you identify specific objectives.

______________ 5. Taking __________ for your actions is a quality that must be developed in order to become a contributing member of society.

______________ 6. A __________ person lacks the ability to take action and cannot communicate opinions and feelings.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

______________ 7. Building self-esteem includes
  a. being aggressive.
  b. setting hard-to-reach goals.
  c. accepting your own thoughts and feelings.
  d. surrounding yourself with negative role models.

______________ 8. Persons who are self-aware
  a. feel good about themselves.
  b. let others control their lives.
  c. make decisions with the advice of others.
  d. face daily challenges and stress with apprehension.

______________ 9. Emotional signs of stress include all of the following but
  a. fatigue.
  b. boredom.
  c. depression.
  d. irritability.

______________ 10. In Johari's window, the hidden self is that part of you that
  a. others see.
  b. is kept within yourself.
  c. is not known by you.
  d. is openly displayed.

__________ 11. Assertiveness is a way to communicate that

a. is a persistent determination to express one's opinions and be recognized.
b. is the willingness to take direct action even if it is rude and domineering.
c. refers to the lack of action and influence.
d. lets other people control and manipulate you.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

12. Angie is finding it difficult to be a new mother. Her baby is three months old and stays with Angie's mom while Angie attends class. When Angie comes home from school, she feels stressed because she has homework to do, supper to prepare, and a baby that needs her. Explain three ways Angie can cope with stress.

1. __________
2. __________
3. __________

13. Jake knows that smoking marijuana is dangerous and illegal. But, his friends keep urging him to try it. List three effective methods of saying "no" to peer pressure.

1. __________
2. __________
3. __________

14. Complete Johari's window by filling in the boxes below.

Johari's Window

Chapter 2 Test
Biological Sexual Activity

Name ______________________________

Date ______________________________

Part A: The following are True or False statements. In the blank beside each item, write the word *true* if the statement is correct or the word *false* if the statement is incorrect.

______________ 1. Each reproductive organ has its own function in the reproductive process.

______________ 2. Some reproductive organs function similarly in both males and females.

______________ 3. The ejaculated sperm from the male enter through the uterus in order to fertilize the egg.

______________ 4. Responsible sexual behavior goes hand-in-hand with maturity.

______________ 5. Becoming intimate with another person does not have to involve a physical sexual relationship.

______________ 6. A sexually transmitted disease (STD) is spread only through sexual contact.

______________ 7. Making the decision not to have sex is the only 100 percent effective method of not contracting a sexually transmitted disease.

______________ 8. AIDS can be transmitted by contact with inanimate objects or casual human contact such as hugging and touching.

______________ 9. Contraception is any method used to prevent pregnancy from occurring.

______________ 10. The only 100 percent effective way to prevent pregnancy is to practice abstinence or not having sex.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

______________ 11. The form of contraception that involves implanting five small silicone tubes in a woman's upper arm is

a. Norplant.
b. abstinence.
c. diaphragm.
d. withdrawal.

______________ 12. Genital warts are similar to skin warts and may be treated by

a. over-the-counter medications.
b. laser treatment.
c. major surgery.
d. bed rest.

______________ 13. Which of the following is not a symptom of AIDS?
a. persistent colds
b. sudden weight gain
c. chronic fatigue
d. diarrhea

______________ 14. The reproductive and urinary organs that have the same function in both the male and female body are the
a. urethra and bladder.
b. prostate and ovaries.
c. vas deferens and epididymis.
d. fallopian tubes and cervix.

______________ 15. Approximately how many sperm are in a single ejaculation?
a. three hundred
b. three thousand
c. three million
d. three hundred million

______________ 16. Through which of the following fluids can AIDS not be transmitted?
a. blood
b. perspiration
c. vaginal secretions
d. semen

______________ 17. Symptoms may be slow to appear and the sores may be painless in
a. herpes.
b. syphilis.
c. gonorrhea.
d. chlamydia.

______________ 18. The female's egg is released from the
a. uterus.
b. cervix.
c. fallopian tube.
d. ovary.

______________ 19. Natural family planning is a method of contraception that involves
a. checking the woman's temperature.
b. counting the days in between menstrual cycles.
c. checking the woman's cervical mucous.
d. all of the above.

______________ 20. For better prevention of pregnancy, the diaphragm needs to be used in conjunction with
a. the sponge.
b. the birth control pill.
c. a spermicide.
d. an IUD.

Chapter 3 Test
Parenthood and Adult Roles

Name ______________________________

Date ______________________________

Part A: Place the correct answer for each item in the blank to the left of each number.

______________ 1. The term __________ refers to the roles of parents.

______________ 2. __________ parents clearly define the limits of the child's behavior and explain both the expected behavior and the reason for it.

______________ 3. A __________ is a condition for which you assume the duties, obligations, and accountability.

______________ 4. According to Maslow, the most basic needs (food, clothing, water, and shelter) are __________.

______________ 5. The highest level of need is that of __________.

______________ 6. __________ refers to the legal role of the father.

______________ 7. A __________ is a promise that you make to yourself.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

______________ 8. Which of the following is not a reality of being a parent?
   a. If you are a good parent your child will be good.
   b. Babies need parents to provide love and nurturing.
   c. Babies can appear unattractive when they are first born due to the physical stresses of the birthing process.
   d. It is not rational to expect a child to fulfill your needs and make you happy.

______________ 9. The guidance techniques parents and other adults use usually can be classified into one of three main styles of parenting. You might choose one parenting style or a combination of the following parenting styles:
   a. authoritarian, democratic, and legal.
   b. authoritarian, democratic, and financial.
   c. authoritarian, democratic, and permissive.
   d. authoritarian, permissive, and moral.

______________ 10. Being a parent involves many responsibilities. Some important responsibilities that affect the health and happiness of parents and children include
   a. legal and moral responsibilities.
   b. health and safety responsibilities.
   c. financial responsibilities.
   d. all of the above.

_______________ 11. Your child's self-concept is developed primarily

a. as a result of interaction with the family.
b. with self-motivation.
c. at birth.
d. none of the above.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

12. Guidance includes all of your actions and words used to influence your child's behavior. List three reasons why your child needs guidance.

1. ______________________________
2. ______________________________
3. ______________________________

13. The United States Department of Agriculture (USDA) estimates the rearing of a child to age eighteen in the 1990s to be more than $135,000. Explain three major financial responsibilities that a parent must fulfill.

1. ______________________________
2. ______________________________
3. ______________________________

14. Explain three major decisions concerning the health and well-being of your child that you may be confronted with as a parent.

1. ______________________________
2. ______________________________
3. ______________________________

15. Explain the following statement: *Considerable adjustments must be made by all family members when families grow.*

____

____

____

____

Chapter 4 Test
Communication and Resolution

Name ______________________________

Date ______________________________

Part A: For each definition in the left column locate the best communication term in the right column. Place the letter corresponding to your choice in the blank to the left of each definition. Use a letter only once.

	Definitions	Terms
______________	1. Exchange of ideas, feelings, or information	A. Body Language
______________	2. Making concession to mutual agreement	B. Communication
______________	3. Checking the meaning of a message	C. Compromise
______________	4. Messages through gestures and body movement	D. Feedback
		E. I-Messages
______________	5. Responsibility placed on listener	F. You-Messages
______________	6. Statements that reveal how the speaker feels	G. Resolution

Part B: In each of the following situations, put a + in the blank to the left of each statement that is true. Put a *0* in the blank to the left of each statement that is false.

There has been a great deal of tension between Patricia and her mother. Patricia's mother feels that her daughter is not listening, especially since Patricia's new baby was born. Patricia realizes that communication is a two-way street. To become a better listener, she should

______________ 7. think about something else when her mother speaks to her.
______________ 8. keep an open mind to new ideas.
______________ 9. establish eye contact with her mother.
______________ 10. disagree with what her mother says.

David realizes that his grades have fallen. He is tired and restless. He has been thinking about dropping out of school. However, he has decided that if he wants to achieve his goals, he must get an education. Body language reveals messages that a person does not consciously convey. To show his teachers that he does care about an education, he should

______________ 11. sit with his arms folded and head down on the desk.
______________ 12. sit erectly in his chair and look at the teacher.
______________ 13. sit with slumped shoulders and legs crossed.
______________ 14. establish eye contact with the teacher.

+ = true **0 = false**

Compromise is an important part of resolving conflict. Alberto and Anna find themselves fighting about their child. Alberto is constantly nagging Anna about how messy the house is or that he never has any clean shirts. He belittles Anna in front of Jacob, their little boy. In resolving conflicts, Alberto and Anna could

______________ 15. look at the situation through the eyes of the other person.
______________ 16. learn to respect the other person's viewpoint.
______________ 17. put blame on the other person.
______________ 18. use I-messages rather than You-messages.

Part C: Respond to the following question in the spaces provided. Answer in complete sentences.

19. Give two reasons why good communication is important for successful relationships?

1. ____

____

2. ____

____

Chapter 5 Test
Family Law

Name ______________________________

Date ______________________________

Part A: Place the correct answer for each item in the blank to the left of each number.

______________ 1. The requirement that both people want to marry each other is known as __________ __________.

______________ 2. The male parentage of a child as well as the state of being of a father refers to the term __________.

____
______________ 3. The primary consideration of the court in deciding the future of the child is known as __________ __________ __________ __________ __________.

______________ 4. __________ __________, including child abuse, is a real threat and can be frightening to those whose security and safety have been violated.

______________ 5. Creating a __________ is important because it is a legal declaration of your wishes as to how and to whom you will leave personal property at the time of death.

______________ 6. Approximately one out of every two marriages end in __________.

______________ 7. After a divorce or separation, one of the parents may have to pay a percentage of his or her monthly earnings to the other parent to help cover the expenses of rearing a child. The legal term is known as __________ __________.

______________ 8. The process for granting a person who is under the age of eighteen but older than fourteen the privileges and duties of an adult is called __________.

______________ 9. It is important for biological parents to research their options in regard to __________ and choose the person or agency that closely meets their needs.

Part B: In each of the following situations, put a + in the blank to the left of each statement that is an appropriate answer. Put a *0* in the blank to the left of the statement that is not.

Joey and Katie are both seventeen years old and recently found out that they are expecting a baby. Their parents want them to get married, but they are trying to weigh all of the facts before they make a decision. Some important considerations include...

______________ 10. When a father takes the legal steps to establish his paternity, he is acknowledging his parental responsibility.

______________ 11. In Texas, anyone under the age of twenty-one must have parental consent or a court order to receive a marriage license.

______________ 12. Giving the child the father's last name does not automatically declare him the legal father.

______________ 13. Couples who are legally married are automatically assumed to be the child's natural parents.

+ = appropriate **0 = inappropriate**

Shawn is trying to give his friend Derek some advice about the importance of maintaining parental rights. The rights of the parent will be terminated if the parent has committed any of the following offenses:

__________ 14. leaves the child alone or with another person with no intention of returning.
__________ 15. fails to support the child during a period of three months.
__________ 16. places the child in conditions or surroundings which endanger the physical or emotional well-being of the child.
__________ 17. the child lives with a grandparent for at least six months.

Tasha and Jamil are working on a research paper for their class in parenting. They are looking at family laws which could affect young children and their parents. Which of the following guidelines would be considered for child support?

__________ 18. age and needs of the child
__________ 19. income of the parent who has to pay child support
__________ 20. number of times the parent has visited the child
__________ 21. debts assumed by either parent

Dalia and Marco have decided to put their unborn baby up for adoption. Their doctor, friends, and parents have reinforced that it is a permanent decision and one that must be made keeping the best interest of the child in mind. According to the law, which of the following guidelines are true?

__________ 22. Adoption can only be arranged after the birth of the baby.
__________ 23. After the adoption of a child, the biological parents have no legal ties the baby.
__________ 24. Open adoption provides that the biological parents have the same rights as the adoptive parents.
__________ 25. A health, social, emotional, and genetic history of the child must be made available.

Chapter 6 Test
Effects on Prenatal Development

Name ______________________

Date ______________________

Part A: Read each of the following statements. If a statement is true, write the word *true* in the blank. If a statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

__________ 1. The gene that prevails over the weaker gene is called the recessive gene.

__________ 2. Physical characteristics are determined by genes contained in the tiny part of the cell called a chromosome.

__________ 3. A zygote is a fertilized cell that develops into a human being.

__________ 4. Fertilization of more than one egg results in identical twins.

Part B: For each definition in the left column, locate the correct genetic disorder in the right column. Place the letter corresponding to your choice in the blank to the left of each definition. Use a letter only once.

Definitions

__________ 5. Inability to break down fats due to lack of a certain chemical in the blood.

__________ 6. Characterized by an excessive amount of fluid surrounding the brain.

__________ 7. Involves functional defects of the respiratory and digestive systems.

__________ 8. Characterized by malformed red blood cells that interfere with the body's oxygen supply.

__________ 9. Involves the progressive deterioration of the muscles.

__________ 10. Occurs when the roof of the mouth fails to fuse together.

__________ 11. A blood disorder that reduces the blood's ability to clot.

__________ 12. Any type of malformation of the heart.

Genetic Disorders

A. Cleft palate

B. Congenital heart defect

C. Cystic fibrosis

D. Hemophilia

E. Hydrocephalus

F. Muscular dystrophy

G. Phenylketonuria

H. Sickle-cell anemia

I. Spina bifida

J. Tay-Sachs disease

Part C: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

__________ 13. Rh incompatibility between an expectant mother and her child can cause
   a. a destruction of the baby's skin cells.
   b. a destruction of the baby's blood cells.
   c. a destruction of the expectant mother's blood cells.
   d. a production of antibodies to fight the expectant mother's brain cells.

__________ 14. Fetal alcohol syndrome is the term used to describe
   a. defects suffered by women who drink while they are pregnant.
   b. a newborn's addiction to alcohol.
   c. defects caused to an unborn child who is exposed to alcohol while in the uterus.
   d. brain damage caused by an expectant mother's consumption of hard liquor only.

__________ 15. Which one of the following statements is not true regarding an expectant mother's use of drugs during pregnancy?
   a. Drugs are particularly devastating during the first twelve weeks of pregnancy.
   b. Expectant mothers who are addicted to drugs can bear children who are addicted to the same drugs.
   c. Drugs are passed to the baby through the placenta.
   d. Over-the-counter drugs have no effect on the unborn child.

__________ 16. Smoking by an expectant mother can result in all but which one of the following:
   a. low-birth weight in the newborn.
   b. miscarriage.
   c. ketones.
   d. stillbirth.

__________ 17. Second-hand smoke
   a. is not a concern for pregnant women.
   b. may damage the fetus of an expectant mother who breathes the smoke of a person who is smoking.
   c. will not cause respiratory problems, as once believed.
   d. won't affect a person who is riding in a car with someone who is smoking.

__________ 18. In general, pregnant women should
   a. add nutrients as well as energy and calories.
   b. restrict weight gain to below fifteen pounds.
   c. avoid drinking water.
   d. try to lose weight during pregnancy.

__________ 19. In general, pregnant women should
   a. take in as much caffeine as they feel they need to stay alert.
   b. read labels to find out how much caffeine products contain.
   c. limit caffeine intake to 1000 mg. per day. (The amount in 6 to 7 cups of drip coffee).
   d. avoid caffeine by drinking hot cocoa instead of coffee.

__________ 20. Pregnant women should take vitamins that
   a. their doctor prescribes.
   b. supplement the vitamins that their doctor has prescribed.
   c. can take the place of healthy foods.
   d. provide a quantity of vitamins rather than a certain quality of vitamins.

Chapter 7 Test
Prenatal Care and Concerns of the Expectant Mother

Name ______________________________

Date ______________________________

Part A: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

______________ 1. A doctor who specializes in the health and care of the female reproductive organs is called an obstetrician.

______________ 2. A general practitioner is a doctor who provides many kinds of care for all kinds of people.

______________ 3. A nurse-midwife is a registered nurse who has been trained in obstetrics and prenatal care.

______________ 4. A nurse-midwife is a registered nurse who has received advanced education and training in one of a number of health care specializations .

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank next to each item.

______________ 5. At the first prenatal visit,
   a. expectant mothers listen carefully and provide very little information.
   b. no examination should take place.
   c. an expectant mother will give her medical history.
   d. the health care provider never does a pelvic examination.

______________ 6. A pelvic examination does not involve
   a. an internal check of reproductive organs.
   b. a Pap smear.
   c. the use of a speculum.
   d. blood tests.

______________ 7. After the first visit to the health care provider, most of the follow-up visits will involve all of the following except
   a. a Pap smear.
   b. a time for the health care provider to answer the expectant mother's questions.
   c. a check of the expectant mother's blood pressure.
   d. a check of the expectant mother's urine.

______________ 8. This prenatal test is used to determine the size, gestational age, position, growth rate, and some abnormalities of the fetus.
   a. alpha-fetoprotein
   b. amniocentesis
   c. chorionic villus sampling
   d. ultrasound

________________ 9. This prenatal test checks the amount of a certain protein in the expectant mother's blood stream to detect a defect in the baby's nervous system.
a. alpha-fetoprotein
b. amniocentesis
c. chorionic villus sampling
d. ultrasound

________________ 10. This prenatal test checks for defects by obtaining small projections from the membrane that surrounds the fetus.
a. alpha-fetoprotein
b. amniocentesis
c. chorionic villus sampling
d. ultrasound

________________ 11. In most cases medical complications during pregnancy do not include the following:
a. vaginal bleeding
b. illness
c. STD's
d. frequent urination

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

12. Why should an expectant mother not soak in a hot tub or take a hot bath?

13. Why should an expectant mother not wear clothing that is too tight?

14. Why should activities such as snow skiing, horseback riding, and soccer be avoided by pregnant women?

15. Why may a health care provider discourage travel during the last two months of pregnancy?

16. What are two causes for frequent urination during pregnancy?

    1.

    2.

17. What is something an expectant mother with morning sickness can do to control nausea?

18. What is one thing an expectant mother can do to reduce her chances of becoming constipated and developing hemorrhoids?

19. Name one physical discomfort during pregnancy that can be reduced by exercise.

20. What should an expectant mother do to relieve the discomfort caused by varicose veins?

Chapter 8 Test
Prenatal Development, Labor and Delivery

Name ______________________________

Date ______________________________

Part A: For each description in the left column, locate the time period when it occurs in the right column. Place the letter corresponding to your choice in the blank to the left of each description. A letter may be used once, more than once, or not at all.

Description

______________ 1. Babies' facial features become more distinctive; they can swallow and get hiccups.

______________ 2. The fetus is considered legally viable.

______________ 3. The internal organs are beginning to form and the heart, although not completely developed, begins to beat.

______________ 4. At this point a baby's eyelids, lips, mouth, and teeth buds form.

______________ 5. The placenta, amniotic sac, and umbilical cord are formed during this period.

Time Period

A. Embryo (two weeks)

B. Embryo (four weeks)

C. Embryo (eight weeks)

D. Fetus (twelve weeks)

E. Second Trimester (fourth month)

F. Second Trimester (sixth month)

G. Third Trimester (seventh month)

Part B: Place the correct answer for each item in the blank to the left of each number.

______________ 6. The method of calculating the expected date of birth by using the first day of the woman's last menstrual period is called __________ __________.

______________ 7. The method of calculating a baby's due date from the date of fertilization or conception is called __________ __________.

______________ 8. __________ contractions also are known as false labor.

______________ 9. When a pregnant woman has a __________, she experiences an involuntary tightening of the muscles surrounding the uterus.

______________ 10. __________ fluid is released when an expectant mother's water breaks.

______________ 11. The __________ plug flows out of the body when labor begins.

______________ 12. __________ is when the opening of the cervix stretches so that the infant can pass into the vagina.

______________ 13. The thinning of the cervix during labor is __________.

______________ 14. __________ is the sight of the baby's head coming through the birth canal.

Part C: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

________________ 15. A small incision between the vagina and the anus is called an afterbirth.

________________ 16. Forceps are long, metal tongs which are inserted into the vagina.

________________ 17. A prepared coach is the name of someone who assists a pregnant woman with breathing during labor.

________________ 18. The most widely used method of pain relief during labor and delivery involves medication injected into the lower spinal column and is called a lumbar epidural.

________________ 19. Caudal anesthesia is injected directly into the fluid of the spinal column.

________________ 20. The pudendal block is an injection that numbs the premium area where the baby emerges.

________________ 21. Sedatives are injected for pain relief during the first and second stage of labor.

________________ 22. Some types of tranquilizers are used to offset the side effects of narcotics.

________________ 23. A cesarean section is the delivery of a baby through a cut in the abdomen and uterus.

________________ 24. A dilate birth occurs when the baby's feet or bottom are turned to come out first.

________________ 25. A birthing center is a setting that can be a cross between home delivery and a hospital setting.

Chapter 9 Test
Neonatal and Postnatal Care

Name ______________________________

Date ______________________________

Part A: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

______________ 1. Postnatal care is the care that a woman receives for up to six to eight weeks after giving birth.

______________ 2. The six to eight weeks after a baby is born is called the postpartum period for the infant.

______________ 3. The test given a baby right after birth is called the Pagar test.

______________ 4. Soon after birth, babies are tested for Phenylketonuria which is a thyroid deficiency.

______________ 5. A baby's inability to gain weight and grow in height at an acceptable rate is called failure to thrive.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank next to each item.

______________ 6. Which of the following is not true about breast-feeding?

a. Antibodies that are present in the mother's system can be passed to the infant through the breast milk.
b. Breast milk is easily digestible.
c. Being breast-fed is the only way babies can bond with their mothers.
d. Breast milk is gentle on a baby's digestive system.

______________ 7. Which of the following is not true about bottle-feeding?

a. Infant formula is manufactured to closely resemble breast milk.
b. Plain cow's milk is a wise choice for bottle-feeding.
c. Infant formula does not contain antibodies that can fight infection in the newborn.
d. Bottle-feeding allows parents to know exactly how much the infant is eating.

______________ 8. Which of the following is true when choosing between cloth and disposable diapers?

a. Parents often choose to use cloth diapers because they are more convenient and simpler to use than disposable diapers.
b. The type of diapers most often requested by child care centers are cloth diapers.
c. Caring for diapers at home is the most economical method.
d. You must use either cloth or disposable diapers. Using them in combination is not efficient.

__________ 9. Which of the following should you not do while changing your baby?
- a. Leave your baby unattended on a changing table.
- b. Keep two fingers between the baby's skin and the pin.
- c. Use mild soap, warm water, and a soft washcloth.
- d. Contact your doctor if a diaper rash does not clear up within a few days.

__________ 10. Which one of the following statements is not true regarding clothing for babies?
- a. Most newborns quickly grow out of the first size of clothing in which they fit.
- b. Newborn's clothing should not be flame retardant.
- c. The most numerous item in a baby's wardrobe is usually diapers.
- d. Newborns do not need a supply of shoes.

__________ 11. Which one of the following statements is true regarding bathing newborns.
- a. Immersing an unhealed umbilical cord in water is wise because it helps to keep the area clean.
- b. Infants cannot drown so it is all right to leave them unattended in a bath tub.
- c. Cradle cap should be left alone to heal properly.
- d. You should check the temperature of the water with your elbow.

Part C: Respond to the following statements by recording your answer in the space to the left of the number. If the statement is a fact write the word *fact* in the blank. If the statement is an opinion write the word *opinion* in the blank.

__________ 12. Babies wake up at night until they are three or four months old.

__________ 13. For the most part, postpartum depression is caused by the abrupt hormonal change that occurs in the mother's body after giving birth.

__________ 14. All women should breast-feed because doing so always helps in weight loss after pregnancy.

__________ 15. Colostrum is very good for a baby because it contains antibodies that help a baby fight infection.

__________ 16. Engorgement is reason enough not to breast-feed.

__________ 17. A blocked milk duct appears as a painful lump in the breast.

__________ 18. Relieving pain in the breast is best accomplished through warm showers.

__________ 19. If a breast-feeding mother is ill she should always cease breast-feeding her child.

__________ 20. Of all the ways to help heal the stitches of an episiotomy, using a heat lamp is the best.

Chapter 10 Test
Personal Health

Name ______________________________

Date ______________________________

Part A: For each __definition__ in the left column locate the best personal health __term__ in the right column. Place the letter corresponding to your choice in the blank to the left of each definition. Use a letter only once.

Definitions

______________ 1. Fees based on a family's ability to pay

______________ 2. Illnesses which last a long time or recur frequently

______________ 3. Important ways to control diseases

______________ 4. Practice of cleanliness and sanitation

______________ 5. Health of the total person

______________ 6. Food you eat and how it is used in the body

Terms

A. Chronic Illnesses

B. Hygiene

C. Immunizations

D. Nutrition

E. Sliding Scale

F. Tetanus

G. Wellness

Part B: In each of the following situations, put a + in the blank to the left of each statement that is __true__. Put a *0* in the blank to the left of each statement that is __false__.

Jenna signed up to received assistance from the Women, Infants, and Children (WIC) food program. Supplemental food programs, like WIC, provide

______________ 7. financial assistance to families with infants and children through age five.
______________ 8. food coupons to purchase nutritious foods such as pasta, rice, and beans.
______________ 9. health and nutrition education each time a participant receives food coupons.
______________ 10. dental education and dental care.

Mickey and her children are in the middle of a financial crisis. Mickey just got laid off from her job. Her aunt suggested she check into Aid to Families with Dependent Children (AFDC). It provides valuable services for

______________ 11. individuals through age twelve and their families.
______________ 12. eye glasses and hearings aids.
______________ 13. physician and home health services.
______________ 14. families to achieve economic self-sufficiency.

Maintaining good health is an important concern for people today. Regardless of your age or stage of life, you should take steps to keep yourself and your child healthy. Before parents can fully understand and recognize symptoms of children's health problems, they need to know how a child looks and behaves when she or he is in good health. Healthy children

_______________ 15. are active and alert.
_______________ 16. gain weight rapidly.
_______________ 17. have bright eyes and dull hair.
_______________ 18. sleep and nap lightly.

Some communicable diseases are preventable through immunization. When a child is immunized, a less harmful form of the virus or bacteria is injected into the body. Immunization takes advantage of the body's ability to defend itself by developing antibodies. At present, children can be immunized

_______________ 19. at 2 months for the first DPT and the first Oral Polio vaccine.
_______________ 20. at 6 months for the second DPT and second Oral Polio vaccine.
_______________ 21. with booster shots to ensure that antibodies have been built up in the body.
_______________ 22. to help children fight particular diseases in the future.

Chapter 11 Test
Nutritional Needs

Name ______________________

Date ______________________

Part A: For each function in the left column, locate the nutrient that corresponds in the right column. Place the letter corresponding to your choice in the blank to the left of each function. A letter may be used once, more than once, or not at all.

		Functions		Nutrients
________	1.	Growth and repair of tissues	A.	Carbohydrates
________	2.	Supplies energy and fiber	B.	Fats
________	3.	Acts as solvent for nutrients	C.	Minerals
________	4.	Provides energy and cushions organs	D.	Protein
________	5.	Maintains health and reproduction	E.	Vitamins
________	6.	Builds bones and tissue	F.	Water

Match the nutrient in the right column with the best food source in which it naturally occurs in the left column. Place the letter corresponding to your choice in the blank to the left of each food source. A letter may be used once, more than once, or not at all.

		Food Sources		Nutrients
________	7.	Apple juice, vegetable soup, milk	A.	Carbohydrates
________	8.	Potato chips, cheese, mayonnaise	B.	Fat
________	9.	Fish, chicken, beef	C.	Minerals
________	10.	Oranges, broccoli, strawberries	D.	Protein
________	11.	Corn, rice, pasta	E.	Vitamins
________	12.	Milk, sardines, spinach	F.	Water

Part B: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

________ 13. The average American adult eats twice as much protein as is needed.

________ 14. Starches and fiber are known as simple carbohydrates.

________ 15. Fiber is the part of plant foods which cannot be digested.

________ 16. Retinol is another name for vitamin A and is responsible for night and color vision.

________ 17. Vitamin K is necessary for blood clotting.

________ 18. The fat soluble vitamins include the B vitamins and vitamin C.

________ 19. Some of the B vitamins are necessary for carbohydrates to convert to energy.

________ 20. Calories from carbohydrates should not exceed 30 percent of the total calorie intake.

Part C: In the following situation, put a + in the blank to the left of each statement that would be a good practice to follow. Put a *0* in the blank to the left of the statement that would not be a good practice.

Michelle is sixteen years old and pregnant. She wants to have a healthy baby. She can help achieve this by

________ 21. gaining between 20 to 30 pounds during pregnancy.

________ 22. eating two servings of lean meat, fish, and poultry per day.

________ 23. eating approximately 15 percent more calories than she did when she was not pregnant.

________ 24. eating one serving of milk, yogurt, or cheese.

________ 25. including iron sources to double iron intake by twice as much as before pregnancy.

Part D: Respond to the following items in the spaces provided. Use a short, accurate response.

26. Why must a woman continue to eat healthy foods when she is breast-feeding?

27. What is one benefit to a baby who is breast-fed as opposed to bottle-fed?

28. What is one reason that cow's milk is not a good substitute for formula when feeding an infant?

29. When do health experts generally agree that babies can start eating solid foods?

30. Why should young children be served smaller portions than are served to adults?

Chapter 12 Test
Procedures for Feeding a Baby

Name ______________________________

Date ______________________________

Part A: The following are True or False statements. In the blank beside each item, write the word *true* if the statement is correct or the word *false* if the statement is incorrect.

_______________ 1. Whether to breast-feed or bottle-feed is a decision that the baby's parents must make together.

_______________ 2. Anything that a mother consumes can be passed to her baby through breast milk.

_______________ 3. Drugs, alcohol, and nicotine do not affect the breast-fed baby.

_______________ 4. At first, a new baby's schedule of eating and sleeping is usually predictable.

_______________ 5. Warm formula is an excellent medium for bacteria to grow.

_______________ 6. Infants receive an adequate number of nutrients from both mother's milk and recommended formula during the first year of life.

_______________ 7. If solid foods are fed too early, babies may suffer from health problems.

_______________ 8. Nutrition is one of the most important factors in a baby's environment.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

_______________ 9. Which of the following is not an advantage of breast-feeding?
- a. It is safe from harmful bacteria.
- b. It is nutritionally superior.
- c. Breast milk contains a variety of immunoglobulins.
- d. Breast milk is digested more slowly.

_______________ 10. Which of the following is not an advantage of bottle-feeding?
- a. Formula helps fight infection.
- b. Formula is digested more slowly.
- c. Formula can be fed by more than one person.
- d. Formulas are scientifically balanced for safety and nutrition.

_______________ 11. The mother's milk will produce a thick, yellow substance that is rich in nutrients and antibodies to help the baby fight infection. This substance is called
- a. formula.
- b. colostrum.
- c. foremilk.
- d. hindmilk.

_______________ 12. For a fully bottle-fed baby, you will need at least
- a. four 8-ounce bottles.
- b. six 8-ounce bottles.
- c. eight 8-ounce bottles.
- d. ten 8-ounce bottles.

____________ 13. Bottles and nipples come in a variety of sizes and shapes. It is best to use

a. what your friends who have babies suggest.
b. what is most economical.
c. what lasts the longest.
d. what suits your baby best.

____________ 14. Which of the following type of water is recommended to use when mixing infant formula?

a. mineral water
b. fresh tap water
c. water from a tap with a domestic filter attached
d. water boiled more than once

____________ 15. Feeding your baby is a time to provide

a. cuddling.
b. body contact.
c. nourishment.
d. all of the above.

____________ 16. When a baby changes from drinking from the bottle or breast to drinking from a cup, it is called

a. maturity.
b. self-feeding.
c. weaning.
d. hindmilk.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

17. Explain three guidelines for feeding an infant.

1. ____
2. ____
3. ____

18. What are four important factors to consider when introducing and feeding solids foods to babies?

1. ____
2. ____
3. ____
4. ____

19. Finger foods are often introduced around the age of nine months. What are three guidelines to follow when offering your child finger foods?

1. ____
2. ____
3. ____

20. What are the three feeding categories according the American Academy of Pediatrics?

1. ____
2. ____
3. ____

Chapter 13 Test
Caring for a Sick Child

Name ______________________________

Date ______________________________

Part A: For each definition in the left column, locate the best term in the right column. Place the letter corresponding to your choice in the blank to the left of the definitions. A letter can be used once, more than once, or not at all.

Definitions

__________ 1. A substance in a __________ thermometer moves up the tube along the temperature scale.

__________ 2. The temperature taken by this method will be more than 100.5° in a newborn and is called __________ temperature

__________ 3. A method of taking an infant's temperature under the baby's arm is __________ temperature.

__________ 4. This type of temperature, not to be taken in infants, is called __________ temperature.

__________ 5. The type of thermometer that is very expensive but gives an accurate reading is called the __________ thermometer.

__________ 6. Heat-sensitive areas glow and stop when the child's temperature is reached on the __________.

Terms

A. axillary

B. digital

C. digital ear

D. mercury

E. oral

F. rectal

G. temperature indicator strip

Part B: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

__________ 7. The condition characterized by watery, greenish, and frequent bowel movements is called loose stools.

__________ 8. Infrequent bowel movements is known as constipation.

__________ 9. Lethargy is when an infant suddenly seems uninterested, limp, and sleeps more than usual.

__________ 10. Spitting up is the forceful elimination of stomach contents through the mouth.

__________ 11. Jaundice is indicated by a rosy color in the skin.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

12. Name four of the symptoms that may indicate childhood disease.

    1. ______________________________
    2. ______________________________
    3. ______________________________
    4. ______________________________

13. Name four of the serious warning signs of childhood illness.

    1. ______________________________
    2. ______________________________
    3. ______________________________
    4. ______________________________

14. What is the incubation period?

    ____

    ____

    ____

    ____

Chapter 14 Test
Safety Practices

Name ______________________________

Date ______________________________

Part A: Place the correct answer for each item in the blank to the left of each number.

______________ 1. _________ are a major cause of injury and death in young children.

______________ 2. As children grow older, they should be taught to avoid _________.

______________ 3. _________ _________ are designed to protect your child in case an automobile accident occurs.

______________ 4. A _________ _________ means that a tornado has been sighted or located by weather radar.

______________ 5. According to the U.S. Fire Safety Administration, _________ percent of the fires that kill young children are started by children themselves playing with fire.

______________ 6. To _________ means to strangle or to die from lack of oxygen.

______________ 7. To _________ is to suffocate in water or other liquid.

______________ 8. A _________ is any substance that injures health or destroys life when taken into the body.

______________ 9. _________ percent of all accidental poisonings occur with children under six years old.

______________ 10. You and your family should be familiar with an _________ plan in case of fire.

Part B: Respond to the following items in the spaces provided. Use a short, accurate response.

11. What are three safety precautions you should observe when your child is in the car?

1. ____
2. ____
3. ____

12. Discuss five ways you can prevent a fire in your home.

1. ____
2. ____
3. ____
4. ____
5. ____

13. What are three guidelines to consider when teaching your child about strangers?
    1. ______
    2. ______
    3. ______

14. List three hazards that can occur from potentially dangerous supplies, materials, and areas in your home.
    1. ______
    2. ______
    3. ______

15. Discuss one developmental characteristic of infants, toddlers, preschoolers, and kindergarteners and the safety guidelines that should be followed with each.
    1. Infants
       developmental characteristic ______
       safety guidelines ______
    2. Toddlers
       developmental characteristic ______
       safety guidelines ______
    3. Preschoolers
       developmental characteristic ______
       safety guidelines ______
    4. Kindergarteners
       developmental characteristic ______
       safety guidelines ______

Chapter 15 Test
Characteristics of the Newborn

Name ______________________________

Date ______________________________

Part A: For each definition in the left column locate the best term in the right column. Place the letter corresponding to your choice in the blank to the left of each definition. Use a letter only once.

Definitions

______________ 1. Open spaces on the baby's head
______________ 2. Fine, soft, body hair
______________ 3. Slate blue patches of skin
______________ 4. Yellowish discoloration
______________ 5. Sticky, tar-colored bowel movement
______________ 6. Common newborn ailment
______________ 7. Red blood cells that are normally converted to nontoxic substances

Terms

A. Bilirubin
B. Caput
C. Colic
D. Fontanels
E. Jaundice
F. Lanugo
G. Meconium
H. Mongolian spots

Part B: In each of the following situations, place a + in the blank to the left of each statement that is true. Put a *0* in the blank to the left of each statement that is false.

The birth of your baby is an exciting event. As you observe your baby you will begin to notice many physical characteristics and responses common to most newborns. Some of those things that you will notice include

______________ 8. Most full-term babies weigh a little over 7 pounds on the average.
______________ 9. The average length of full-term babies is between 20 and 22 inches.
______________ 10. Girls are usually longer than boys.
______________ 11. Most babies grow about 1 inch in the first month.
______________ 12. At birth, a baby's head accounts for one-seventh of total body length.
______________ 13. The newborn baby appears to have no neck and a protruding stomach.
______________ 14. The face of a baby is shaped so that sucking is easily accomplished.
______________ 15. Most babies are born with brown eyes.
______________ 16. Immediately after birth, you may see vernix covering your baby.
______________ 17. Skin is thick yet smooth.
______________ 18. Genitals may look large and swollen.

Your baby comes from a warm, quiet, dark place where all needs for food and oxygen are met without effort. As babies come into the world, they are met with noise and light, are forced to breathe on their own, and must be fed in a new way. Some typical physical responses of the newborn include:

______________ 19. The heart rate is very fast compared to an adult.
______________ 20. Newborns sleep from twenty to twenty-four hours a day.
______________ 21. Newborns can focus on things that are 8 to 12 inches from them.

+ = true **0 = false**

_______________ 22. Newborns are born without the ability to distinguish volume.
_______________ 23. Newborns are generally more responsive to women's voices than to men's.
_______________ 24. Newborns have an established sense of smell and touch.
_______________ 25. Newborns are born with behaviors that were not learned.

Chapter 16 Test
Child Development: birth to one year

Name ______________________________

Date ______________________________

Part A: Read each of the following statements. If the word is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

______________ 1. From the newborn stage until around seventeen months, children are called infants.

______________ 2. Developmental stages are a sequence of stages that can be predicted.

______________ 3. The average baby's birth weight will triple by the age of four to five months.

______________ 4. Baby boys tend to weigh less than baby girls.

______________ 5. A baby that makes little change in growth may have a health condition that needs to be examined more closely and treated.

______________ 6. Baby teeth actually begin to develop during pregnancy.

______________ 7. Thyroids are chemicals found in the blood that act as messengers telling various organs to function.

______________ 8. Our bodies have many systems which include the nervous, digestive, excretory, cardiovascular, and respiratory systems.

______________ 9. Intellectual development relates to how the muscles work.

______________ 10. Bonding is important for the emotional well-being of your baby.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

______________ 11. Although the order of the changes should be the same for children, the __________ of development may be considerably different for different children.
- a. sequence
- b. rate
- c. proportion
- d. trunk

______________ 12. At the end of the first year, the average baby weighs about
- a. 12 pounds.
- b. 22 pounds.
- c. 32 pounds.
- d. 42 pounds.

_______________ 13. An infant's bones grow and change dramatically during the first year. The most obvious change will be found in the
- a. arms and legs.
- b. skull.
- c. trunk.
- d. cartilage.

_______________ 14. In most cases, the first teeth to appear are those in the
- a. center of the lower gum.
- b. center of the upper gum.
- c. upper right gum.
- d. lower left gum.

_______________ 15. The primary endocrine gland involved in the baby's early development is the
- a. cortex gland.
- b. pituitary gland.
- c. myelin gland.
- d. thyroid gland.

_______________ 16. The organ that is not a part of the digestive system is the
- a. esophagus.
- b. stomach.
- c. intestines.
- d. bladder.

_______________ 17. It is important to watch for signs of dehydration, or a depletion of the body fluids, when your baby has bouts of vomiting, diarrhea, or fever. Which one of the following is not a sign of dehydration?
- a. an absence of tears
- b. a dry mouth
- c. failure to produce a wet diaper after eight hours
- d. ability to digest food

_______________ 18. Which of the following is not involved in large-muscle development?
- a. neck
- b. trunk
- c. arms
- d. toes

_______________ 19. Which of the following is not involved in small-muscle development?
- a. legs
- b. fingers
- c. hands
- d. feet

_______________ 20. Your baby will develop about half of his or her mature intelligence by
- a. four years of age.
- b. six years of age.
- c. eight years of age.
- d. ten years of age.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

21. How can an infant's intellectual development impact physical development? social? emotional?

22. What types of communication skills do infants use?

23. Why is it important for you to be a good role model for your infant?

24. What are three general types of personality traits in children from birth to age one?

    1. __________
    2. __________
    3. __________

25. Explain the statement: *The age when certain changes occur is not as important as the order of the changes.*

Chapter 17 Test
Child Development: one to three years

Name ____________________________

Date ____________________________

Part A: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank.

________________ 1. The period between the first and third birthdays is often called toddlerhood.

________________ 2 Heredity refers to the characteristics that are passed from parent to child.

________________ 3. By the age of one, a child's head will represent about one-fifth of the total body length.

________________ 4. By the time your child is two years old, the brain is 80 percent developed.

________________ 5. It is a good idea to provide foods that contain sodium, which aids in healthy tooth and bone development.

________________ 6. Small- or gross-motor skill development involves the muscles found in the legs, shoulders, back, and arms.

________________ 7. Eye-hand coordination is a child's ability to coordinate the hands and fingers in relation to what is seen.

________________ 8. Most children are ready for toilet training at about one to two and one-half years of age.

________________ 9. Concept development involves your child's ability to place objects and things into general categories.

________________ 10. Beginning at about age two, your child may have the ability to use creative thought or the ability to let one thing represent something else.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

________________ 11. Which of the following is not characteristic of a child between the first and second year?

a. walks without assistance
b. can answer simple questions like "what's your name?"
c. may tend to display violent displays of temper
d. imitates a drawing stroke

________________ 12. Which of the following is not characteristic of a child between the second and third years of life?

a. can form three word "sentences"
b. usually egocentric
c. runs without falling
d. can cut paper with scissors

______________ 13. Learning how to get along with other people is known as
a. socialization.
b. society.
c. modulation.
d. harmony.

______________ 14. It involves respect for others, understanding of rules, and ability to make good value decisions about what is right and wrong.
a. emotional development
b. social development
c. intellectual development
d. moral development

______________ 15 Emotionally, the average three-year-old is rather
a. frustrated.
b. happy.
c. unpredictable.
d. embarrassed.

______________ 16. Several areas of intellectual growth take place between the ages of one and three. These include
a. attention span.
b. imagination and creativity.
c. problem solving.
d. all of the above.

______________ 17. Many factors influence the time line for physical development between the ages of one and three years. These include
a. health.
b. physical size.
c. stimulation.
d. all of the above.

______________ 18. Which of the following is not a large-motor skill?
a. turn pages of a book
b. crawl through a box
c. jump off a step
d. walk down the stairs

______________ 19. Which of the following is not a small-motor skill?
a. to use utensils
b. run on the playground
c. to draw with crayons
d. to put on shoes

______________ 20. Deciduous teeth or baby teeth are very important to the overall well-being of your child. They aid in
a. helping your child to pronounce words.
b. influencing his or her appearance.
c. ability to eat solid foods.
d. all of the above.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

21. How do motor skill and physical development relate to the development of life skills in a child age one to three?

22. What can you do to encourage intellectual development in your child?

23. In what ways do parents sometimes discourage language development in their children?

24. How are social and emotional development interrelated in children age one to three?

25. How can parents help their child in moral development during the early years?

Chapter 18 Test
Influences on Child Development

Name ______________________

Date ______________________

Part A: For each theory of growth and development in the left column, locate the theorist associated with it in the right column. Place the letter corresponding to your choice in the blank to the left of each theory. Use a letter only once.

	Theories of Growth and Development	Theorist
______	1. Cognitive	A. Erickson
______	2. Biological or Genetic-Influence	B. Gesell
______	3. Psychoanalytic	C. Kohlberg
______	4. Behaviorist	D. Maslow
______	5. Humanistic	E. Pavlov
______	6. Moral Development	F. Piaget

Part B: Place the correct answer for each item in the blank to the left of each number.

______ 7. A ______ is an organized set of ideas or plans involving a topic.

______ 8. A traditional learning theory that credits the environment as the primary source of developmental factors is ______.

______ 9. Theories that emphasize the development of thought over developmental aspects are ______.

______ 10. ______ theorists believe that the environment is highly related to the personality of each individual.

______ 11. The ______ theory is observable behavior and not inner experiences.

______ 12. The founder of the ______ ______ was Sigmund Freud who attempted to explain deviant behavior in adults.

______ 13. ______ present an optimistic vision of human potential.

______ 14. The ______ ______ theory was based on Piaget's cognitive theory.

______ 15. Maslow believed that in order to be a self-actualized person one must have ______ needs met first.

Part C: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

__________ 16. A general understanding of the developmental areas, patterns, and principles will help you as a parent
a. know what to expect from your child as development occurs.
b. interpret your child's behavior.
c. provide better guidance.
d. all of the above.

__________ 17. Developmental status seen among your child and children of the same age group can be attributed to several things. These can include
a. heredity.
b. environment.
c. motivation.
d. all of the above.

__________ 18. A family consisting of one or both parents and their children is called a(n)
a. nuclear family.
b. extended family.
c. blended family.
d. foster family.

__________ 19. During very difficult family changes such as divorce, your child may experience developmental
a. situations.
b. progressions.
c. regressions.
d. none of the above.

__________ 20. The movement of people from place to place and job to job is referred to as
a. mobility.
b. extension.
c. nomadic.
d. assimilation.

Part D: Respond to the following items in the spaces provided. Use a short, accurate response.

21. Using your child or a young child you know as an example, choose one of Paiget's stages and describe characteristics the child displays or has displayed which are typical of that stage.

____

____

____

____

22. Choose two of Erickson's stages, and explain how each affects a young child's development.

1. ____

____

2. ____

____

23. Give examples of how heredity, environment, and motivation can affect the development rate of a child.

24. Discuss three ways a child's family can influence the child's development.
    1. ______________________________
    2. ______________________________
    3. ______________________________

25. Why must you be careful when selecting a secondary caregiver for your child?

Chapter 19 Test
Play and Child Development

Name ______________________________

Date ______________________________

Part A: Place the correct answer for each item in the blank to the left of each number

______________ 1. __________ refers to the physical development of certain parts of the body.

______________ 2. __________ __________ is the successful control of different muscles or parts of the body.

______________ 3. __________ development occurs as your child's creativity, imagination, language, and ability to learn through the senses are stimulated during play.

______________ 4. By acting out feelings in safe ways through play, your child can develop __________.

______________ 5. __________ play is the first stage of play when a child makes no effort to play with others.

______________ 6. At the age of eighteen months, your child will probably begin to play beside, but not with other children. This type of play is known as __________ play.

______________ 7. __________ play occurs when children begin to participate in games or activities together.

______________ 8. In __________ play, your child can experiment with ideas about social relationships.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

______________ 9. The value of toys for children's development does not include
a. helping children develop fine motor skills.
b. helping children learn to cooperate and share with one another.
c. helping build self-esteem through acquiring a popular toy.
d. helping children develop intellectual abilities through puzzles and similar toys.

______________ 10. The Juvenile Products Manufacturers Association is a group that
a. creates safe toys.
b. sells safe toys.
c. performs tests on toys.
d. tests all toys on the market.

________________ 11. It is important to provide children with developmentally appropriate toys because

a. they may become discouraged and refuse to play with toys that are not developmentally appropriate.
b. more advanced toys usually cost more money.
c. developmentally inappropriate toys are always dangerous.
d. complex toys are not for use by children.

________________ 12. The cost effectiveness of a toy is indicated by

a. the toy's ability to withstand use for a few play sessions.
b. the toy's ability to withstand use for a few days.
c. the toy's ability to withstand use for a few months.
d. the toy's ability to withstand use for a year or two.

________________ 13. Which one of the following is not a guideline for selecting and reading books and stories to a child?

a. Let the child look at pictures for as long as he or she wants.
b. Don't let the child turn the page, because most young children don't have enough eye-hand coordination to accomplish this task.
c. Choose books and stories that are appropriate for the child's age.
d. Ask questions about the pictures or the story in order to involve the child.

________________ 14. Which one of the following is not a suggestion for playing with infants?

a. Hold and cuddle them to stimulate their senses.
b. Talk and read to them so they become familiar with words.
c. Play games with infants like peek-a-boo and hide-and-go-seek.
d. Continue to offer the same toys so that they can get use to them.

________________ 15. Which one of the following is not a basic hint for playing with toddlers?

a. Set aside time for active play so toddlers can use up their store of energy.
b. Be prepared to change games or activities when toddlers become restless or bored.
c. Help toddlers develop language skills by talking and reading to them.
d. Toddlers should have learned to share so be disturbed if your child will not share.

Chapter 20 Test
Parents as Role Models

Name ______________________________

Date ______________________________

Part A: The following are True or False statements. In the blank beside each item, write the word *true* if the statement is correct or the word *false* if the statement is incorrect.

______________ 1. Successful parenting involves understanding and practicing appropriate guidance and caregiving.

______________ 2. Self-concept is pride and belief in oneself.

______________ 3. Parents and caregivers have a tremendous impact on the self-esteem of infants and young children.

______________ 4. A person's self-concept has a direct impact on self-esteem.

______________ 5. Children begin to receive messages about how they are valued around the age of two.

______________ 6. The best ways to help your child develop a positive, healthy concept are negative feedback and discouragement.

______________ 7. Children are less likely to become bored when adults plan and prepare interesting activities for them.

______________ 8. Your child will imitate your actions whether you like it or not and will look to you as a guide for appropriate behavior.

______________ 9. Direct guidance is used to influence behavior through indirect interaction.

______________ 10. One of the main goals of affective guidance is to help children feel good about themselves and their accomplishments.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

______________ 11. Some forms of indirect guidance which do not involve direct communication include
   a. arranging space.
   b. setting examples.
   c. making time schedules.
   d. all of the above.

______________ 12. Different types of direct guidance can be used based on your child's age and what works best. Which of the following is not a type of direct guidance?
   a. affective guidance
   b. flexible guidance
   c. physical guidance
   d. verbal guidance

13. Discipline is a form of guidance that teaches your child to have self-control. Which of the following is not true about discipline?
    a. can be physical or psychological
    b. appropriate in different forms depending on the child's age
    c. best to use later after an undesirable behavior occurs
    d. setting limits is very important

14. Of the following, who would be considered an appropriate role model?
    a. relatives
    b. friends
    c. celebrities
    d. all of the above

15. The most important factors to remember while teaching your child to be socially, morally, and emotionally mature are
    a. to love and enjoy your child
    b. to control and show emotions
    c. to be happy and cheerful
    d. to avoid bad habits and manners

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

16. Why is it important to begin building a child's self-esteem at an early age?

17. Why must you be consistent when you discipline your child?

18. Choose one method of guidance and explain how you would apply it to your child.

19. How do parents serve as role models and as teachers for their children?

20. List four goals you have for your child. How will you teach these goals to your child?

    1. ______________________________
    2. ______________________________
    3. ______________________________
    4. ______________________________

Chapter 21 Test
Special Concerns in the Family

Name ______________________________

Date ______________________________

Part A: Place the correct answer for each item in the blank to the left of each number.

__________ 1. A ________ ________ is a turning point, a time when a family is faced with a difficult decision, a big change, or a serious problem.

__________ 2. ________ in marriage occurs when one of the parents lives apart from the family, but the parents are still legally married.

__________ 3. ________ occurs when a married couple legally dissolves their marriage.

__________ 4. ________ ________ occurs when a person responsible for a child causes bodily injury to the child, or when the person does not make an effort to prevent an action by another person that results in physical injury to a child.

__________ 5. ________ ________ takes place when mental or emotional injury is inflicted upon the child.

Part B: For each __definition__ in the left column, locate the best __term__ in the right column. Place the letter corresponding to your choice in the blank to the left of each definition. Use a letter only once.

Definitions

__________ 6. Sexual attack on a child

__________ 7. Intercourse between persons closely related such as father and daughter

__________ 8. Having forcible intercourse with a child

__________ 9. Literature, art, or photography involving children that is intended to cause sexual excitement or lust

__________ 10. Results when a parent does not provide necessary items such as food, clothing, shelter, care, and protection

__________ 11. If a parent leaves a child without care and does not intend to return to the child

__________ 12. Not obtaining or following through with medical treatment for a child

Term

A. abandonment

B. forcible neglect

C. incest

D. medical neglect

E. physical neglect

F. pornography

G. rape

H. sexual abuse

Part C: For each of the following statements, decide whether part II explains why part I is true. If it does, circle *Yes*. If it does not, circle *No*.

			Part I	Part II
Yes	No	13.	Telling children the truth about a family member's death in a way they can understand is best.	If children think family members are not telling the truth, they may become afraid.
Yes	No	14.	Parents should discuss problems associated with their unemployment.	Children can be trusted to come up with good solutions.
Yes	No	15.	Moving is often more stressful on children than any other family members.	A child's present home is familiar and safe, and the child may not know what to expect in a new home.
Yes	No	16.	Even when individual family members face a crisis, the family does not fall apart.	There is a mutual bond that helps keep the family strong.
Yes	No	17.	Parents can be held responsible for not meeting the medical needs of their children.	Every parent should have enough money for medical treatment.

Part D: Respond to the following item in the spaces provided. Use a short, accurate response.

18. Describe the three stages that a person goes through when coping with the loss of a loved one

1. Stage I ______________________________
2. Stage II ______________________________
3. Stage III ______________________________

Chapter 22 Test
Children with Special Needs and Abilities

Name ______________________________

Date ______________________________

Part A: Read each of the following statements. If a statement is true, write the word *true* in the blank. If a statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

______________ 1. Hereditary factors refer to the behavioral make up of a child.

______________ 2. These thread-like particles that carry genes are called chromosomes.

______________ 3. Examples of chronic illnesses include colds, tonsillitis, and ear infections.

______________ 4. Orthodontic impairments are problems with the formation and function of bones.

______________ 5. Hearing impairment refers to partial loss of hearing ranging from slight to severe.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank beside each item.

______________ 6. Which of the following is not a defect of the eye?
- a. astigmatism
- b. color blindness
- c. bifocals
- d. nearsightedness

______________ 7. Which of the following is not a category of speech impairments?
- a. articulation problems
- b. stuttering
- c. voice disorders
- d. early speech

______________ 8. Which of the following is not one of the top three causes of learning disabilities currently being explored by researchers?
- a. organic causes
- b. biochemical causes
- c. learned causes
- d. environmental causes

______________ 9. Which of the following does not place pregnant women at a higher risk of having a premature delivery?
- a. delivery of a male child
- b. poor nutrition of expectant mother
- c. age of mother
- d. expectant mother smokes

Part C: For each definition in the left column, locate the best term in the right column. Place the letter corresponding to your choice in the blank to the left of each definition. Use a letter only once.

Definitions

_______________ 10. Carry information about traits

_______________ 11. Profound brain damage in an infant caused by excessive alcohol consumption by the mother while pregnant with the infant

_______________ 12. Loss of oxygen to a baby's brain before birth and during birth

_______________ 13. Asthma, cardiac conditions, and epilepsy are examples of this type of illness.

_______________ 14. An artificial substitute for a missing limb

_______________ 15. Antibodies produced in the expectant mother's blood attack the cells of the fetus

_______________ 16. Another word for attention deficit disorder

_______________ 17. This results from inherited superior traits and a stimulating environment

_______________ 18. Families with children with special needs and abilities can often receive this from private programs and organizations

_______________ 19. Provides opportunities for children with special needs to participate in many of the same classes

_______________ 20. The malfunction of the brain when processing and using information.

Terms

A. Acute
B. Alcoholism
C. Anoxia
D. Anorexia
E. Chronic
F. FAS
G. Genes
H. Giftedness
I. Hyperactivity
J. Learning disability
K. Mainstreaming
L. Prosthesis
M. Rh Incompatibility
N. Streamlining
O. Support
P. X Factor

Chapter 23 Test
Managing Family Life

Name ______________________________

Date ______________________________

Part A: For each definition in the left column locate the best term in the right column. Place the letter of your choice in the blank to the left of each definition. Use a letter only once.

		Definitions		Terms
____________	1.	A source of supply or support	A.	Goals
____________	2.	Importance you attach to ideas and objects	B.	Management
____________	3.	Purposes or objectives	C.	Needs
____________	4.	Condition for something that is required	D.	Priorities
____________	5.	Condition in which something is desired	E.	Resources
____________	6.	Activities or actions that demand attention	F.	Standards
____________	7.	Act of organizing or supervising activities	G.	Values
			H.	Wants

Part B: Respond to the following items in the spaces provided. Use a short, accurate response.

Using the five steps of the decision making process, give examples of how an individual or family might utilize the process in making an important decision.

Step ***Example***

8. ____
9. ____
10. ____
11. ____
12. ____

13. Why is it important for a family to establish a budget?

____

____

____

____

14. Identify two basic family functions and give an example of each.
    1. ____
    2. ____

15. Why are management skills important for assuming multiple roles?

Chapter 24 Test
Family Services

Name ____________________________

Date ____________________________

Part A: For each community resource in the left column locate the best category of service in the right column. Place the letter of your choice in the blank beside each resource. Letters may be used more than once. Some items will have more than one answer.

Community Resources

__________ 1. Big Brothers/Big Sisters

__________ 2. March of Dimes

__________ 3. Children's Protective Services

__________ 4. Mental Health/Mental Retardation

__________ 5. Well-baby clinics

__________ 6. Muscular Dystrophy

__________ 7. YWCA/YMCA

__________ 8. Scouting

__________ 9. WIC

__________ 10. Department of Human Services

Categories of Service

A. Prevention

B. Intervention

C. Enhancement

Part B: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

__________ 11. Community resources which provide prevention services focus on stopping problems before they start.

__________ 12. Intervention services are necessary when an important problem with your child or family already exists.

__________ 13. Adult organizations give children from diverse backgrounds the chance to make new friends, develop their potential, and become involved in the community.

__________ 14. School personnel provide both religious and emotional support.

__________ 15. Enhancement services help strengthen family relationships.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

16. How can clergy or religious affiliation offer support services?

17. What types of support can educational services provide?

18. Identify two youth organizations and summarize the benefits of each.
    1. ____________________
    2. ____________________

19. Why is it important to get involved in your child's activities?

20. What professional assistance is available for you and your child?

Chapter 25 Test
Careers and Job Opportunities

Name ______________________________

Date ______________________________

Part A: Read each of the following statements. If the statement is true, write the word *true* in the blank. If the statement is false, change the underlined word to make the statement true. Place the new word in the blank space.

______________ 1. In order for you to be a successful employee, you must possess certain traits that are desired by employers.

______________ 2. A negative work attitude means thinking about your job or work in a favorable manner.

______________ 3. Personality is the visible aspect of one's character as it is presented to others.

______________ 4. A good personal appearance refers to the way you act and is an important factor in achieving job success.

______________ 5. An employee with initiative is one who is willing and able to observe tasks that need to be done and complete them without being told to do so.

______________ 6. Self-esteem is the ability to restrict your emotions and actions.

______________ 7. Willingness to complete all assigned tasks with a positive attitude is a characteristic of an accurate employee.

______________ 8. Communication is the giving and exchanging of ideas, and it is an important trait for success on the job.

______________ 9. Employers expect employees to show honesty by maintaining high ethical standards, telling the truth, and handling the employer's possessions with care.

______________ 10. Professionalism is exhibited when your performance is above the standards set and when you are loyal, considerate, and respectful to everyone.

Part B: The following are multiple-choice items. Choose the best answer, and write the letter of your response in the blank next to each item.

______________ 11. When looking for a job, you must consider your obligation to your
- a. child.
- b. school.
- c. family.
- d. all of the above.

______________ 12. Regardless of whether a family is headed by a single parent or two parents, the family is expected by society to
- a. provide for basic physical and psychological needs of its members.
- b. foster affection, understanding, responsibility, respect, and consideration within the family and its relationship with other people.
- c. assist in preparing its children for a meaningful existence in society.
- d. all of the above.

__________ 13. Standards of professional conduct are
  a. confidences.
  b. ethics.
  c. options.
  d. transactions.

__________ 14. A rate of compensation or payment you will receive that is figured by the hour, week, month, or year refers to
  a. flextime.
  b. insurance.
  c. overtime.
  d. salary.

__________ 15. Compensation for a job can come in the form of a
  a. tip.
  b. wage.
  c. bonus.
  d. all of the above.

Part C: Respond to the following items in the spaces provided. Use a short, accurate response.

16. As an employee, how do you remain ethical?

17. What are two benefits of working full-time? part-time?
1.
2.
1.
2.

18. Why are benefits an important consideration when looking for a job?

19. What is the advantage of flextime?

20. Why should career choices be made with careful consideration?

Chapter Test Answers

Chapter Test Answers

Chapter 1

Part A	Part B
1. self-esteem	7. c
2. self-awareness	8. a
3. decision making	9. a
4. goal	10. b
5. responsibility	11. a
6. passive	

Part C

12. Any three of the following:
    - relax: sit quietly, breathe deeply, close your eyes, and think about being in a beautiful, serene place
    - exercise: work up a sweat, play a physical game
    - find a support group: talk to a friend or counselor who will listen
    - recognize stressors: learn what makes you feel good stress and bad stress
    - avoid stress: plan ahead, manage time and resources wisely, and do not procrastinate
13. Any three of the following:
    - Avoid making excuses. Simply state your decision.
    - Use accurate body language to communicate your firm decision.
    - Avoid arguments and angry responses.
    - Make an alternative suggestion of what to do, wear, etc.
    - Avoid contact with the person or group who is applying the pressure.
    - Use humor when dealing with the situation.
14.

Johari's Window

Open Self that part of you that is openly displayed and acknowledged to others	Blind Self that part of you that others see yet you do not see
Hidden Self that part of you that is kept within	Unknown Self that part of you that is not known by you or by others

Chapter 2

Part A

1. true
2. true
3. false
4. true
5. true
6. false
7. true
8. false
9. true
10. true

Part B

11. a
12. b
13. b
14. a
15. d
16. b
17. b
18. d
19. d
20. c

Chapter 3

Part A

1. parenting
2. Democratic
3. responsibility
4. physiological
5. self-actualization
6. Paternity
7. commitment

Part B

8. a
9. c
10. d
11. a

Part C

12. Any three of the following:
    - to learn what actions are acceptable and what actions are not
    - to learn how to interact with others
    - to promote your child's healthy attitudes about herself or himself
    - to establish a positive self-concept and high self-esteem
    - to ensure your child's safety
    - to encourage self-discipline
    - to learn self-control
13. Any three of the following:
    - Medical (prenatal and childbirth expenses)
    - Insurance
    - Clothing
    - Equipment
    - Food
    - Shelter
    - Child care
    - Schooling
14. All of the three listed:
    - who will care for your child when you are at school or work
    - what religious or spiritual background your child will have
    - when, where, and how will your child's formal education be administered
15. Answers will vary.

Chapter 4

Part A

1. B
2. C
3. D
4. A
5. F
6. E

Part B

7. 0
8. +
9. +
10. 0
11. 0
12. +
13. 0
14. +
15. +
16. +
17. 0
18. +

Part C

19. Answers will vary.

Chapter 5

Part A

1. mutual consent
2. paternity
3. best interest of the child
4. family violence
5. will
6. divorce
7. child support
8. emancipation
9. adoption

Part B

10. +
11. 0
12. +
13. +
14. +
15. 0
16. +
17. 0
18. +
19. +
20. 0
21. +
22. 0
23. +
24. 0
25. +

Chapter 6

Part A

1. dominant
2. true
3. true
4. fraternal

Part B

5. J
6. E
7. C
8. H
9. F
10. A
11. D
12. B

Part C

13. b
14. c
15. d
16. c
17. b
18. a
19. b
20. a

Chapter 7

Part A

1. a gynecologist
2. true
3. true
4. nurse-practitioner

Part B

5. c
6. d
7. a
8. d
9. a
10. c
11. d

Part C

12. She could raise her body temperature to a degree that may cause harm to the developing baby.
13. It may cut off circulation.
14. because of the prospect of injury to the expectant mother and the baby
15. because the mother may deliver a baby in a place where the provider and mother did not plan
16. hormonal changes, pressure on the bladder
17. Any one of the following:
    - avoid smelling certain foods
    - eat several small meals a day
    - eat crackers before getting out of bed
18. Any one of the following:
    - eat more fruits and vegetables
    - drink plenty of fluids
    - add bran and prunes to her diet
    - exercise regularly
19. Any one of the following:
    - sleeping problems
    - backache
    - constipation
20. Any one of the following:
    - elevate the legs and stay off them as much as possible
    - wear support pantyhose

Chapter 8

Part A

1. E
2. G
3. B
4. D
5. A

Part B

6. gestational age
7. fertilization age
8. Braxton-Hicks
9. contraction
10. amniotic
11. mucous
12. dilation
13. effacement
14. crowning

Part C

15. episiotomy
16. true
17. labor or birthing coach
18. true
19. spinal
20. true
21. narcotics
22. true
23. true
24. breech
25. true

Chapter 9

Part A

1. true
2. neonatal or newborn
3. Apgar
4. hypothyroidism
5. true

Part B

6. c
7. b
8. c
9. a
10. b
11. d

Part C

12. opinion
13. fact
14. opinion
15. fact
16. opinion
17. fact
18. opinion
19. opinion
20. opinion

Chapter 10

Part A

1. E
2. A
3. C
4. B
5. G
6. D

Part B

7. +
8. 0
9. +
10. 0
11. 0
12. +
13. +
14. +
15. +
16. 0
17. 0
18. 0
19. +
20. 0
21. +
22. +

Chapter 11

Part A

1. D
2. A
3. F
4. B
5. E
6. C
7. F
8. B
9. D
10. E
11. A
12. C

Part B

13. true
14. complex
15. true
16. true
17. true
18. Water
19. true
20. Fat

Part C

21. +
22. 0
23. +
24. 0
25. +

Part D

26. affects the quality and quantity of the milk
27. Any one of the following:
    - bonding with mother
    - antibodies in milk
    - nutrient and enzymes for intestines
    - germ-free
    - ready-to-use
    - right temperature
28. Any one of the following:
    - it is difficult for a baby to digest
    - it lacks enough iron
29. four to six months
30. stomachs are smaller, can't hold as much food

Chapter 12

Part A

1. true
2. true
3. false
4. false
5. true
6. false
7. true
8. true

Part B

9. d
10. a
11. b
12. c
13. d
14. b
15. d
16. c

Part C

17. Any three of the following guidelines could be considered:
    - Sit in a comfortable chair, preferably one with arm rests. Cradle the baby in your arms so that you are face to face.
    - For bottle-feeding, hold the baby in a semi-upright position. Hold the bottle so that the neck and nipples are always filled with milk. Never prop the bottle, and do not leave the baby alone to drink the formula. Never put a baby to bed with a bottle.
    - For breast-feeding, keep the breast from pressing against the baby's nose so that the baby can breathe freely while nursing. Alternate breasts between feedings. Use a breast pump and keep breast milk on hand. This way, the father and others can help with the feeding.
    - To "burp" or "bubble" the baby, hold the baby upright, either sitting on your lap or lying against your shoulder, and gently pat the back until the air bubble is released and you hear the burp.
18. Answers may vary. New foods should be introduced when the child is well, happy, and content. Do not introduce solid foods before the child is physically able to digest them.
19. When the baby has teeth and ample thumb and forefinger control, he or she may be ready for finger foods. Avoid offering raw vegetables and fruits, nuts, candy, and similar foods which may cause choking. Never allow babies to eat whole uncut hot dogs.
20. - Nursing Period
    - Transitional Period
    - Modified Adult Phase

Chapter 13

Part A

1. D
2. F
3. A
4. E
5. C
6. G

Part B

7. diarrhea
8. true
9. true
10. Vomiting
11. yellow

Part C

12. Any four of the following:
    - runny nose, sneezes, coughs, flushed face and hot, dry skin, raised temperature, unusual paleness or coldness, large amounts of sudden sweating, sore throat, hoarse or husky

Chapter 13 (continued)

voice, swollen throat glands, watery or glassy appearance of the eyes, pain in ear, head, chest, stomach, abdomen, or joints, nausea, vomiting, diarrhea, rash, bumps, or breaking out of skin, stiff back or neck, convulsions, seizures, or attacks during which a child stiffens and twitches.

13. Any four of the following:
    - fever higher than 100°F, fever that lasts longer than twenty-four hours, lethargy or no drinking of fluids, stiff or painful joints, difficulty breathing, severe pain, difficulty being awakened.

14. The incubation period is the time between when the disease first enters the body and the first signs or symptoms appear.

Chapter 14

Part A

1. accidents
2. strangers
3. car seats
4. tornado warning
5. twenty-five
6. suffocate
7. drown
8. poison
9. ninety
10. evacuation

Part B

11. Any three of the following:
    - Make sure child leaves car on the side closest to the building or curb.
    - Never allow child to extend head, arms, and legs out of windows.
    - Use car seats or safety belts as appropriate for the age of child.
    - Do not start vehicle until child is seated and buckled up and the doors are securely closed and locked.
    - Have child remain safely seated until vehicle comes to a complete stop.

12. Any five of the following:
    - Teach child that fire is a tool, not a toy.
    - Keep matches and lighters in a safe place.
    - Look for signs of fire play, such as burn holes in carpets or furniture, burnt matches in a closet or under the bed, or disappearing lighters and matches.
    - Ask children to tell when they find matches and lighters.
    - Teach children not to panic and hide but to tell immediately if they see a fire starting.

13. Any three of the following:
    - Never talk to strangers.
    - Never go near a stranger if an adult is not with you.
    - Never get in a stranger's car.
    - Never go to a stranger's home.
    - Never take anything from a stranger.
    - Never wander away from an adult companion, especially in a crowded area.

14. Any of three of the following:
    - Burns
    - Electrical shock
    - Suffocation
    - Drowning
    - Poisons
    - Cuts
    - Falls

15. Answers may vary but should include information from table 14.1 in the Reference Book.

Chapter 15

Part A

1. D
2. F
3. H
4. E
5. G
6. C
7. A

Part B

8. +
9. 0
10. 0
11. +
12. 0
13. +
14. +
15. 0
16. +
17. 0
18. +
19. +
20. 0
21. +
22. 0
23. +
24. +
25. +

Chapter 16

Part A

1. true
2. true
3. double
4. more
5. true
6. true
7. hormones
8. true
9. mind
10. true

Part B

11. b
12. b
13. a
14. a
15. b
16. d
17. d
18. d
19. a
20. a

Part C

21. Answers will vary.
22. Babies communicate from birth in the form of crying. At about three months of age, babies make vowel sounds called cooing. Between the ages of four and five months, they will start to babble. Around nine months of age, babies may begin to speak a few simple words.
23. It is important to be a good role model for your infant because you are the primary person who takes care of all of needs. It is important for you to interact with your child in a loving and responsive manner. Also, it is important to treat your child with respect and encouragement.
24. Common personality types are categorized into three general categories:
    - the sensitive temperament
    - the calm temperament
    - the aggressive temperament.
25. A baby's development should follow a logical order or sequence. One developmental task should be accomplished before another one can be completed successfully. Although the sequence of the changes should be the same, the rate of development may be considerably different for different children. Age becomes a concern only when a child is extremely slow to develop.

Chapter 17

Part A

1. true
2 true
3. two
4. true
5. calcium
6. Large
7. true
8. two
9. true
10. symbolic

Part B

11. b
12. b
13. a
14. d
15. b
16. d
17. d
18. a
19. b
20. d

Part C

21. At this stage, children begin learning to take care of themselves. They begin to develop better control of both fine- and gross-motor skills through eating, dressing, grooming, and toilet training.
22. The best method to promote intellectual development is to spend quality time together and to provide a reasonable amount of toys, books, and things to play with and look at. It is important to provide your child with the best environment you can to promote intellectual development.
23. One way parents discourage language development is by using baby talk with their children. Limited dialogue between parents and children is another way parents discourage language development.
24. Children take on the habits, beliefs, skills, and knowledge of society through the process of socialization. As children learn to become better members of society their ability to control feelings and emotions begins to develop.
25. As a parent, it is important to show respect for others, to explain why it is important to follow rules and guidelines, and to help your child develop a sense of right and wrong by explaining why a particular behavior is unacceptable.

Chapter 18

Part A

1. F
2. B
3. A
4. E
5. D
6. C

Part B

7. theory
8. biological
9. cognitive
10. genetic-influence
11. behaviorist
12. psychoanalytic theory
13. Humanists
14. moral development
15. basic

Part C

16. d
17. d
18. a
19. c
20. a

Part D

21. Answers will vary. Depending on the age of the child, the sensorimotor stage (zero to two years) and/or the preoperational stage (two to six years) could be explained. See also page 202 of the Reference Book.
22. Answers will vary. Any two of the following stages could be included and discussed: Trust versus Mistrust (zero to one year); Autonomy versus Doubt (one to two years); and Initiative versus Guilt (two to five years). See also page 204 of the Reference Book.
23. Children are born with a set pattern that will govern many aspects of growth. The child who grows up in a healthy environment is given many opportunities, is encouraged, and is loved by parents or caregivers. This child may meet potentials for development. Motivation and the personal desire to achieve will also affect a child's development.
24. Answers will vary, but should include some reference to physical, social, emotional, intellectual, and moral development.
25. You must be careful in selecting a secondary caregiver because you want the best possible care for your child. You want a caregiver who can provide a healthy environment for your child to grow and develop.

Chapter 19

Part A

1. Maturation
2. Motor development
3. Intellectual
4. emotionally
5. Solitary
6. parallel
7. Cooperative
8. dramatic

Part B

9. c
10. c
11. a
12. d
13. b
14. d
15. d

Chapter 20

Part A

1. true
2. false
3. true
4. true
5. false
6. false
7. true
8. true
9. false
10. true

Part B

11. d
12. b
13. c
14. d
15. a

Part C

16. Parents and caregivers have a tremendous impact on the development of self-esteem in infants and young children. From the first moment of life, children begin to receive messages about how they are valued. Their self-concept and self-esteem are shaped in those first years and is vital for emotional and social development.
17. Discipline should be consistent so that your child can expect the same discipline each time a certain behavior occurs. If discipline is not consistent, the child will become confused about what type of behavior is allowed.
18. Answers will vary but should include one of the following:
    - indirect guidance
    - direct guidance
    - discipline

    as discussed on pages 225-228 of the Reference Book.
19. Parents are the first role models for their child. Children will imitate their parents' actions and look to them as a guide for appropriate behavior. As a child's first teacher, parents have the greatest influence on positive behavior and development. It is important for parents to be confident and consistent when being either a role model or teacher for their children.
20. Answers will vary.

Chapter 21

Part A

1. family crisis
2. separation
3. divorce
4. physical abuse
5. emotional abuse

Part B

6. H
7. C
8. G
9. F
10. E
11. A
12. D

Part C

13. Yes
14. No
15. Yes
16. Yes
17. No

Chapter 21 (continued)

18. Stage I: Anger and denial that a person has died.
    Stage II: The strongest emotions of grief and mourning are expressed
    Stage III: The ability to verbalize about the loss and begin to recover and rebuild.

Chapter 22

Part A

1. genetic
2. true
3. acute
4. Orthopedic
5. true

Part B

6. c
7. d
8. c
9. a

Part C

10. G
11. F
12. C
13. E
14. L
15. M
16. I
17. H
18. O
19. K
20. J

Chapter 23

Part A

1. E
2. G
3. A
4. C
5. H
6. D
7. B

Part B

The following steps should be listed in this order:

8. Define the problem.
9. Identify alternatives or choices.
10. Compare possible outcomes.
11. Make the decision.
12. Evaluate your decision.
    Examples will vary. In Chapter 23, the basic five-step process was presented. However, in Chapter 1, the additional step of "act on the decision" was included. Keep this in mind so that students are not confused. Both decision-making processes are correct. They differ in interpretation.
13. A budget is a plan for spending and saving income. It can help you see how you are spending your income so that you can make appropriate adjustments to reach your financial goals.
14. Examples will vary but should include two of the following:
    - providing the essentials of food, clothing, and shelter
    - defining each family member's role
    - sharing home responsibilities
    - assigning tasks
    - providing for family members' emotional fulfillment
    - providing security, acceptance, companionship, and commitment
    - learning behavior that is acceptable to the family and society
15. Management skills are needed to balance and coordinate work, home, school, family, and leisure activities effectively. Families function better when they manage their resources and can make successful decisions.

Chapter 24

Part A

1. C
2. A, B
3. B
4. B
5. A
6. B
7. C
8. C
9. A, B
10. A, B, C

Part B

11. true
12. true
13. youth
14. educational
15. true

Part C

16. Many clergy are professionally trained to listen to and deal with stressful situations. This type of counseling can be both comforting and worthwhile. Religious organizations also provide a variety of other support services.
17. Teen parents can receive encouragement from counselors, school personnel, and concerned friends to stay in school and graduate. Services are often provided for tutoring and courses in parenting skills may be available. Also, support services such as child care, health care, and transportation may be offered to help the teen parent stay in school.
18. Any two of the youth organizations listed in figure 24.4 of the Reference Book could be identified.
19. Parental involvement allows parents and children to spend more time together. When parents get involved with their child's activities, it shows the child that parents are interested in what he or she is doing and that they care.
20. Answers will vary. A wide variety of professionals could be discussed from counselors and specialists to other professional individuals.

Chapter 25

Part A

1. true
2. positive
3. true
4. look
5. true
6. Self-control
7. a cooperative
8. true
9. true
10. true

Part B

11. d
12. d
13. b
14. d
15. d

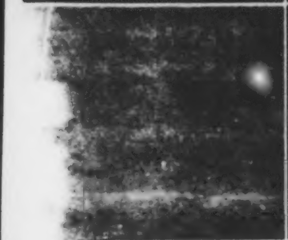
Part C

16. As an employee, you can remain ethical by following the general laws and policies of your employer and by remaining loyal, honest, objective, and nondiscriminatory.
17. Answers will vary.
18. Company benefits can add to your total family income by reducing out-of-pocket expenses.
19. Flextime allows workers to set their own schedules or work hours within limits. It is convenient for people who may have difficulty working the regular hours observed by the business.
20. Parents may be the individuals ultimately responsible for meeting all of the financial needs of the family. Parenting limitations and adjustments result from career choices of parents. Therefore, career choices must be made carefully with consideration for your own needs the needs of your family.

SUCCESSFUL PARENTING

for

School-Age Parents



Student Reference Book

Home Economics
Education

Texas Education Agency
Austin, Texas

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Successful Parenting for School-Age Parents

Reference Book

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Compliance Statement

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION
Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a nonsegregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, U.S. Department of Education.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

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Introduction

Concerns regarding school-age parents and adolescent pregnancies extend into all areas of today's society. They involve the health and well-being of children, the economic strains placed on the government, the educational standards set within the culture, and the future and prosperity of the nation. These concerns are commonly addressed by school systems, supportive agencies, and health care institutions in some areas of the nation; however, there are still many school-age parents and pregnant adolescents who receive very little or no professional guidance. More than one million women under the age of twenty become pregnant each year. Of those, almost half are rearing their children. In view of these statistics, the scope of the problem of school-age parents and adolescent pregnancy can appear overwhelming.

School-age parents need to acquire skills that will empower them to face life's challenges, cope with pressure in positive ways, and make decisions that contribute to their future success as well as the success of their children. They must be able to make wise personal, social, and economic decisions while recognizing and resisting negative interpersonal or media influences. For success at work and home, school-age parents must understand their roles as parents. They must be able to communicate, resolve conflicts, appreciate differences, manage dual roles, and work as group members. These parenting skills cannot be taught totally at school. However, schools can focus on selected skills that will better enable school-age parents and their children to live productively, healthily, and respectfully with others.

The *Successful Parenting for School-Age Parents Teacher's Resource Guide* and *Reference Book* have been developed as resources to facilitate school-age parenting education. The materials have been organized around the nine essential elements for the Parenting Education for School-Age Parents course.

Reference Book

The *Successful Parenting for School-Age Parents Reference Book* is a text written for the student. A variety of current resources have been reviewed in order to condense pertinent information and provide essential concepts relating to parenting skills. Within the text, bold-faced vocabulary terms are included with definitions or explanations; illustrations aid student learning. At the end of each chapter, content is summarized in Points to Remember, vocabulary words are repeated in a list of Words to Know, and questions for Review are provided.

Teacher's Resource Guide

The *Teacher's Resource Guide* contains teaching strategies, teaching aids, paper-and-pencil activities for students, tests, and answer keys for use in teaching school-age parenting programs.

Teaching strategies are provided to reinforce basic content presented in the student text and to aid in factual recall, basic comprehension, and critical thinking skills. The teaching strategies are not intended to be used in any particular order. It is recommended that teaching strategies be selected to fit the level of students' abilities and experience, their parenting situations, and time available. Teaching aids are included for use in implementing the teaching strategies.

The *Successful Parenting for School-Age Parents Teacher's Resource Guide* corresponds to the student *Reference Book*. After reading the student text, students can achieve additional learning by completing paper and pencil activities. The activities challenge the students in various ways, develop critical thinking skills, integrate academic principles, and reinforce understanding of the student text. As a timesaving device for the teacher, answers to activities are provided to assist in checking students' recall of the content presented. Chapter tests and answer keys are also included to aid the teacher.

Successful Parenting for School-Age Parents

(1) Concepts and skills related to personal development.
  (A) Analyze personal strengths and abilities.
  (B) Apply techniques to develop self-awareness.
  (C) Demonstrate skills for self-direction.
  (D) Apply strategies for coping with peer pressure.

(2) Concepts and skills related to biological sexual activity.
  (A) Describe reproductive anatomy.
  (B) Describe responsible behavior in prevention and control of disease including sexually transmitted diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).
  (C) Identify methods of pregnancy prevention/family planning.

(3) Concepts and skills related to parenthood/adult roles.
  (A) Investigate responsibilities of parenthood.
  (B) Discuss commitments and decisions involved in child rearing.
  (C) Demonstrate communication and conflict resolution skills.
  (D) Summarize the effects of the addition of children on family members.
  (E) Summarize laws related to the family.

(4) Concepts and skills related to prenatal and postnatal care.
  (A) Outline the effects of genetics, environment, and parent's health on prenatal development.
  (B) Explain the importance of early and continued prenatal care.
  (C) Discuss personal care and common concerns of expectant mothers.
  (D) Summarize the stages of prenatal development.
  (E) Analyze the process of labor and delivery.
  (F) Determine neonatal care essential to the well-being of the child.
  (G) Describe postnatal care essential to the well-being of the mother.

(5) Concepts and skills related to the health and well-being of parents and children.
  (A) Summarize ways to obtain various health services.
  (B) Outline principles of good personal health for mothers and children.
  (C) Determine nutritional needs during pregnancy, lactation, infancy, and early childhood.
  (D) Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.
  (E) Describe techniques for caring for a sick child.
  (F) Determine safety practices important to the care and guidance of young children.

(6) Concepts and skills related to the development of children from birth to three years of age.
  (A) Describe the characteristics of the newborn.
  (B) Describe the stages of growth and development of infants and children from birth to three years of age.
  (C) Summarize various theories and principles of growth and development of infants and children.
  (D) Analyze influences on social, emotional, intellectual, physical, and moral development.
  (E) Determine the effect of parenting/caregiving on a child's self-esteem.
  (F) Relate the significance of play to a child's development.
  (G) Explain how parents are the first teachers and role models for children.

(7) Concepts and skills related to special concerns in the family.
  (A) Identify potential family problems and crises.
  (B) Explain methods for preventing and coping with family crises.
  (C) Explain methods for identifying and caring for children with special needs and abilities.

(8) Concepts and skills related to management in family life.
  (A) Apply procedures for meeting individual and family needs through resource management.
  (B) Explain methods of sharing parenting responsibilities within a family.
  (C) Summarize community resources available to assist families.
  (D) Apply techniques for assuming the multiple roles of school-age parents.
  (E) Identify potential sources of income.
  (F) Summarize the effects of management on the quality of life.

(9) Concepts and skills related to careers and job opportunities.
  (A) Explain the importance of work ethics.
  (B) Determine skills and work habits contributing to employability.
  (C) Describe the interrelationship between home life and work life.

GUIDE TO ESSENTIAL ELEMENTS

Successful Parenting for School-age Parents

Essential Elements	Related Chapters
(1A) Analyze personal skills related to personal development.	1
(1B) Apply techniques to develop self-awareness.	1
(1C) Demonstrate skills for self-direction.	1
(1D) Apply strategies for coping with peer pressure.	1
(2A) Describe reproductive anatomy.	2
(2B) Describe responsible behavior in prevention and control of diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).	2
(2C) Identify methods of pregnancy prevention/family planning.	2
(3A) Investigate responsibilities of parenthood.	3
(3B) Discuss commitments and decisions involved in child rearing.	3
(3C) Demonstrate communication and conflict resolution skills.	4
(3D) Summarize the effects of the addition of children on family members.	3
(3E) Summarize laws related to the family.	5
(4A) Outline the effects of genetics, environment, and parent's health on prenatal development.	6
(4B) Explain the importance of early and continued prenatal care.	7
(4C) Discuss personal care and common concerns of expectant mothers.	7
(4D) Summarize the stages of prenatal development.	8
(4E) Analyze the process of labor and delivery.	8
(4F) Determine neonatal care essential to the well-being of the child.	9
(4G) Describe postnatal care essential to the well-being of the mother.	9
(5A) Summarize ways to obtain various health services.	10
(5B) Outline the principles of good personal health for mothers and children.	10
(5C) Determine nutritional needs during pregnancy, lactation, and early childhood.	11
(5D) Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.	12
(5E) Describe techniques for caring for a sick child.	13
(5F) Determine safety practices important to the care and guidance of young children.	14
(6A) Describe the characteristics of the newborn.	15
(6B) Describe the stages of growth and development of infants and children from birth to three years of age.	16, 17
(6C) Summarize various theories and principles of growth and development of infants and children.	18
(6D) Analyze influences on social, emotional, intellectual, physical, and moral development.	18
(6E) Determine the effect of parenting/caregiving on a child's self-esteem.	20
(6F) Relate the significance of play to a child's development.	19
(6G) Explain how parents are the first teachers and role models for children.	20

Essential Elements	Related Chapters
(7A) Identify potential family problems and crises.	21
(7B) Explain methods for preventing and coping with family crises.	21
(7C) Explain methods for identifying and caring for children with special needs and abilities.	22
(8A) Apply procedures for meeting individual and family needs through resource management.	23
(8B) Explain methods of sharing parenting responsibilities within a family.	23
(8C) Summarize community resources available to assist families.	24
(8D) Apply techniques for assuming the multiple roles of school-age parents.	23
(8E) Identify potential sources of income.	24
(8F) Summarize the effects of management on the quality of life.	23
(9A) Explain the importance of work ethics.	25
(9B) Determine the skills and work habits contributing to employability.	25
(9C) Describe the interrelationship between home life and work life.	25

1 Personal Development

Essential Elements

(1) Concepts and skills related to personal development.
- Analyze personal strengths and abilities.(1A)
- Apply techniques to develop self-awareness.(1B)
- Demonstrate skills for self-direction.(1C)
- Apply strategies for coping with peer pressure.(1D)

All individuals are unique, one-of-a-kind human beings. None of us are exactly alike. Even identical twins have individual characteristics and personalities. Developing and growing as a person is something you do every day. If you cease to develop and grow, you may find it difficult to be a caring, giving, loving human being. Whether you are reading a new book, watching your child take his or her first steps, or spending time with your friends, you are working on personal development. Life experiences such as these are what form your personality and give you character.

Personal development includes identifying your strengths and abilities, developing your self-awareness, becoming self-directed, and coping with peer pressure. In addition, personal development involves developing your self-esteem and self-concept, understanding and coping with stress, setting goals, taking risks, and communicating with others. As a parent, it is important that you are aware of your own personal development. Being aware of your personal development will enable you to be a good role model for your child.

What do you do well? Some of us may have difficulty thinking of different things that we do well, but all of us should be able to compile a list of our strengths. Some of us may be good at athletics, good at math, or good at making others feel better about themselves. Take the time to make a list of the things you do well. Tape the list where you will see it first thing each morning, such as on your bathroom mirror or refrigerator. Read the list every day. Add to the list as you identify other strengths and abilities you possess.

We all have strong points in our personalities. Because of our uniqueness, we all have our own strengths and abilities. As a young parent, you may need to develop your strengths and abilities sooner than other teenagers. You may need to improve your ability to be flexible, patient, tolerant, and sensitive. Becoming involved in group counseling sessions or classes can help you develop your strengths and abilities. You should also be aware of your energy level, taking good care of yourself so that you have enough energy to accomplish your daily tasks. Developing your strengths and abilities will enable you to cope with the extra stress caused by being a parent.

Strengths and Abilities

Sometimes it is not easy to concentrate on your strengths and abilities when you have problems in your daily life. Often, we become involved in our troubles and have a hard time changing our attitudes because we have lost sight of our strengths and abilities. If you need to improve your attitude, try to schedule some relaxing, peaceful time for yourself. Use this time to think about what you might need to do to become a stronger, more capable parent, friend, child, or spouse. During these quiet times, keep your strengths and abilities in the forefront of your mind. This will help you feel good about yourself and overcome the obstacles placed before you.

SELF-ESTEEM

Developing a healthy self-esteem may seem difficult when faced with other problems, but you will be amazed at how interconnected your self-esteem is to the rest of your life. ***Self-esteem*** is the belief you have in yourself. Feeling good about yourself, participating in positive experiences, and developing fulfilling relationships with others is what self-esteem is all about.

The following guidelines can help you build self-esteem:

- Accept your own thoughts and feelings.
- Accept your strengths and weaknesses.
- Set realistic goals.
- Be proud when you reach a goal or accomplish a task.
- Take time out to be alone.
- Love and respect yourself.
- Surround yourself with positive role models.
- Learn to accept and give compliments.
- Be assertive.
- Take some risks.

By following some of these guidelines, you can improve your self-esteem. You may feel that your self-esteem is fine just the way it is. If that is the case, try helping someone else improve his or her self-esteem.

Believing in yourself and feeling good about yourself at this point in your life may be a challenge. You may feel that your family and friends are not supportive. Even though you need them now more than ever before, your family and friends may not always be there for you. Find other people who will listen to you and be there for you during the tough times. They are out there! Make new friends, visit with adults who have made the same types of decisions you are making, and don't be afraid to ask for help or advice.

Self-awareness

Self-awareness is the ability to understand your feelings, talents, experiences, habits, hopes, and actions. Self-awareness is also the ability to communicate these characteristics to others effectively and realize how your characteristics affect others. For example, a young woman who is self-aware knows who she is and feels good about herself. A young man who is self-aware can say "I like myself" and mean it. Generally, people who are self-aware have positive attitudes about themselves and de-emphasize their weaknesses.

The following guidelines can help you become more self-aware:

- **Identify your strengths and weaknesses.** As you mature, you will become more aware of what you do well and what you do not do well. You may be admired and encouraged by some people and possibly criticized and ridiculed by others. Concentrate on being and doing your best. Do not dwell on your weaknesses, except when trying to improve.
- **Face daily challenges and stress with confidence.** Realize and accept that sometimes you might fail. You can achieve what you want if you are persistent and accept the challenge. If you want a summer job to earn money, keep

looking until you are hired.

- **Have confidence in your actions.** Do not quit because something does not work as you hoped it would. If you are unsuccessful in getting the job you really want, try a different job. Consider options and consequences when making decisions. Have confidence in your ability to make informed decisions.
- **Control your life rather than letting others make decisions for you.** Communicate honestly and openly with others so they know how you feel. For example, if you are on a date and your partner wants to see a movie you already have seen, tell the truth and suggest a different movie or activity.
- **Choose your own actions.** Your choices affect the path and direction your life will take. You affect this path by deciding which actions you will take. You decide whether to attend a party or study for a final exam; drink alcohol even though you may be two months pregnant; work an extra shift for more money instead of going to the lake with friends; buy new clothes for yourself or new shoes for your baby; or sleep in and arrive late for work. By making responsible, thoughtful choices, you can steer your life toward the path you desire.
- **Form your own opinions.** Understanding and listening to other people's ideas and feelings is important, but it is equally important for you to decide what you believe and what is right for you. Formulating your own identity involves more than just knowing what is right and wrong; it also is having the courage to stand by your own opinion. If you are planning to vote in an upcoming election, do not let your best friend discourage you by saying your vote will not matter.
- **Think for yourself.** Do not pretend you are something you are not to impress someone else. By being yourself you are being an open, honest, and mature individual. These characteristics are valued highly in our society. Do not let someone talk you into taking drugs if you know that taking drugs is wrong and will harm your unborn child. Be strong and walk away.
- **Develop a good support system of family, friends, teachers, and clergy.** We were not meant to live our lives as hermits. Interacting with people is what we do with much of our time each day. The people whom you feel closest to are very important to your overall quality of life. Build up your relationships with individuals such as family members, friends, teachers, and clergy who can provide support and encouragement. Spend your time with people who help you be your best.

Who You Are........

Searching for your identity in all aspects of life is part of becoming an adult. Many people continue this search and have identity crises as adults. Teenagers are constantly forming their identities by experimenting with new things. You are probably very aware of your hairstyle, your clothing, the music you listen to, the way you speak, and what you say. Your willingness to change any of these traits and characteristics usually depends on your values and beliefs.

Where You Have Been..........

Different backgrounds and life experiences mold and shape our personalities and identities. We develop our values and beliefs from our parents, siblings, peers, teachers, and other influential people in our lives. Attitudes result from your values and beliefs and the experiences you have had during your life.

Where You Are Going............

Setting goals is the first step in determining where you are going and in what direction you are headed. Having dreams or ideas about what you want to accomplish in your lifetime will help you set goals. It is important to know your strengths and weaknesses and your abilities and limitations when setting goals. All of us do not know where we are going all of the time. You may have heard of adults going through midlife crises. There will be tough times throughout your life, but having goals to strive for will help you see the end of the tough times and the beginning of the good times.

No one is perfect. Striving to be perfect is nonproductive and will prove to be discouraging if not depressing. We live in a society that encourages us to try to be perfect. Advertisements tell us to buy certain products or do certain things so we will become perfect. Unfortunately, the claims of advertisements often are not true. You must decide for yourself what you can improve and the best way to make improvements.

A person's success in life is based on 85% attitude and 15% aptitude.

STRESS

The teenage years are stressful in the best of times. Learning to cope with life and the stress that goes along with it is very important. ***Stress*** occurs when a person experiences a high level of physical, emotional, or mental strain. We all have stress in our lives, and we all react differently to stress. Some types of stress are good. Good stress is called eustress. ***Eustress*** can make you perform better or faster than you would if you felt no stress. It can motivate you to accomplish tasks you might not otherwise complete. Sometimes, however, stress actually can make a person physically and/or mentally ill. Too much stress is referred to as distress. ***Distress*** is negative and can be harmful.

Coping with Stress

Relax
Sit quietly, breathe deeply, close your eyes, and think about being in a beautiful, serene place.

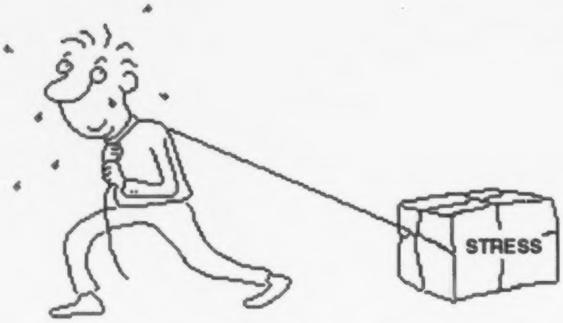
Exercise
Work up a sweat; play a physical game.

Find a Support Group
Talk to a friend or counselor who will listen.

Recognize Stressors
Learn what makes you feel good stress and bad stress.

Avoid Negative Stress
Plan ahead, manage time and resources wisely, and do not procrastinate.

Physical signals of too much stress include the following:
- dizziness
- eating disorders
- fatigue
- headaches
- insomnia
- upset stomach



Emotional signals of excessive stress include the following:
- boredom
- depression
- inability to think clearly
- restlessness
- difficulty coping with everyday problems
- irritability or inability to get along with others

The demand, situation, or event that causes stress is the ***stressor***. Examples of stressors include the following:
- death of a friend or family member
- divorce
- getting fired from a job
- pregnancy (to you or caused by you)
- getting married
- inability to meet another person's demands
- low grade on a test or assignment
- moving to another place
- starting a new job

Everyone needs to learn how to cope with stress and when to avoid situations that lead to excessive negative stress. Some women feel a great deal of stress prior to menstruation. Because women are unable to avoid menstruation, they must learn to deal with the accompanying stress. They also can avoid scheduling activities during this time. Other people feel extreme stress when they are in a room with strangers. This situation usually can be avoided, at least until the person learns to deal with the stress of being in a room full of strangers.

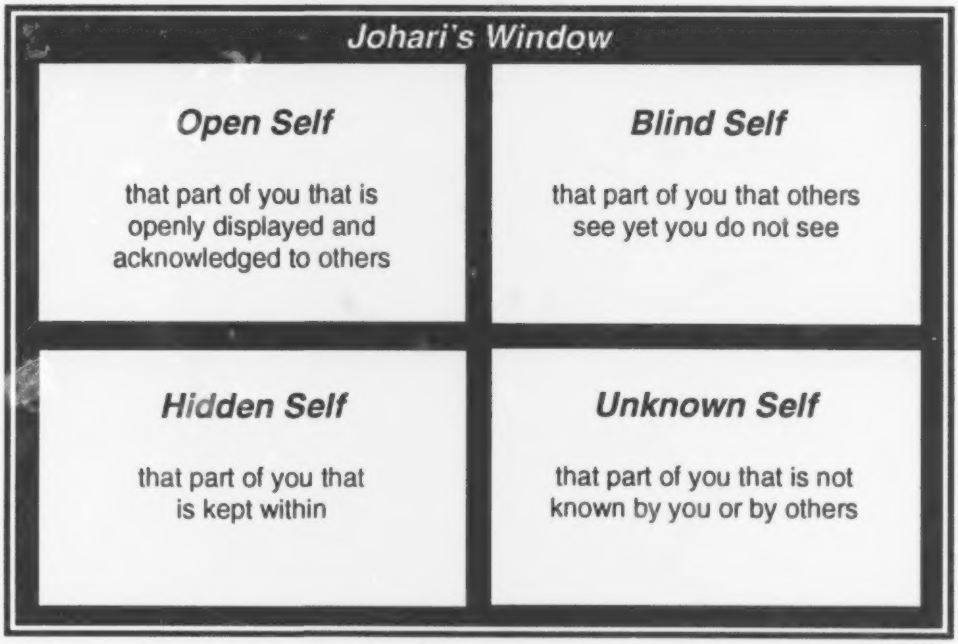
The stress of being a new parent in addition to being a teenager or young adult may be overwhelming. When you are eighty years old, you may look back and decide this was the most stressful time of your life. However, you may feel that you have control of the stress in your life. If you already know who you are, where you have been, and where you are going, you can help others to control the stress in their lives.

SELF-CONCEPT

The awareness of self leads to the formation of a self-concept. ***Self-concept*** is the image a person has of himself or herself. Self-concept can be explained by Johari's Window. Johari's Window, shown in figure 1.1, represents the following four basic aspects of self-concept:

- **The Open Self.** The ***open self*** refers to that part of you that is openly displayed and acknowledged to others.
- **The Blind Self.** The ***blind self*** is that part of you that others see yet you do not see. For example, a young woman suffering from anorexia nervosa may see herself as overweight while others may see her as very thin.
- **The Hidden Self.** The ***hidden self*** is that part of you that is kept within yourself. This could include feelings you have for another person, fears, anxieties, or knowledge you have about someone or something.
- **The Unknown Self.** The ***unknown self*** refers to that part of you that is not known by you or by others. The unknown self has the potential or capacity for good or bad. A suicidal tendency is an example of a negative potential of the unknown self. The ability to rescue a drowning child is an example of positive potential of the unknown self.

Johari's Window is a way to describe on paper how a person relates to another person in a relationship. Johari's Window describes the four parts of the self. In the figure, the four selves are displayed equally; however, the size or domination of the four selves may not always be equal. They



Johari's Window

Open Self that part of you that is openly displayed and acknowledged to others	***Blind Self*** that part of you that others see yet you do not see
Hidden Self that part of you that is kept within	***Unknown Self*** that part of you that is not known by you or by others

Figure 1.1

may change depending on the situation.

At times, the open self may completely dominate the other three parts of the self while at other times, the blind self may be dominant. When a person feels intimidated and afraid to express feelings, the hidden self may become larger than the others. When a person easily shares thoughts and feelings with others, the open self is dominant.

Self-direction

Becoming self-aware and self-directed are important steps in maturing and developing an identity. ***Self-direction*** is the ability to set attainable goals and work and plan to achieve those goals.

The importance of physical, emotional, social, and intellectual development is stressed during the early years of life. This is the time we learn to make decisions for ourselves and handle the consequences of our decisions. As parents or soon-to-be parents, you already have made some important lifetime decisions. These decisions will have a major impact on your future and the goals you set. Few of your peers have made these types of decisions this early in their lives, so they may have difficulty relating to the stage of life you are currently experiencing.

The direction you have chosen for your life may change, but for now you need to feel confident that you can make the right decisions for yourself and your child. Continuing to set goals and developing a plan for your life will enable you to look ahead and plan for your future.

DECISION MAKING

Decision making is a process in which choices are made based on the advantages or disadvantages involved in a situation. Everyone goes through the decision-making process many times each day. We make minor decisions, such as what to wear or what to eat, more frequently than we make major decisions such as what kind of car to buy or what to study in college. Think about all of the decisions you have made today. How many were major decisions that might have an effect on your life or the life of someone else? Look back over the past year and think about the major decisions you have made. Do you believe you are a good decision maker?

In order to make sound decisions, you should follow the decision-making process. The steps of the decision-making process are as follows:

- Identify the problem and write it down.
- List the options available.
- Determine the advantages and disadvantages of each option.
- Choose the best option available.
- Act on your decision.
- Evaluate the outcome of your decision.

SETTING GOALS

A ***goal*** is something you strive to attain. Specific goals with clear-cut objectives are easier to reach than more general goals. An ***objective*** is a step that leads to the accomplishment of a goal. The following steps can help you set and attain specific goals:

- Identify the goal and write it down.
- Make a plan of action by listing what you need to do to achieve the goal.
- Be committed to your plan by following through with action.
- Evaluate the outcome of your plan. Did you reach your goal?

Both long-term and short-term goals are important. A ***long-term goal*** is a goal that you plan to achieve after a lengthy period of time. A ***short-term goal*** is a goal that takes less planning and can be achieved in a shorter amount of time.

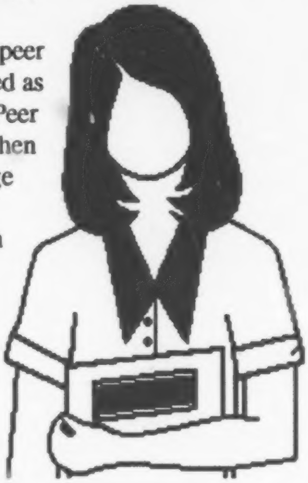
Finding affordable furniture for your new infant is an example of a short-term goal you may be working toward. Making a list of garage sales and spending one or two days at thrift shops are objectives you can set to reach this goal.

Selecting a career is an example of an important long-term goal you should set and work toward. You may have several career ideas you would like to explore. A good time to do this is now. While you are in school, you have opportunities to find out your special interests by taking different classes, getting involved in extracurricular activities, and possibly working part-time.

People view long-term and short-term goals differently. What seems like a long-term goal to one person may seem like a short-term goal to you. For example, making an *A* on the math test this week may be a long-term goal for a friend who has made a plan for studying and hired a tutor. You may see making an *A* on the math test as a short-term goal in the process of preparing to major in math when you attend college. Many times, achieving short-term goals leads directly to successfully achieving long-term goals.

Peer Pressure

Peer pressure is the stress you feel to do what other people your age are doing in order to be accepted. Sometimes peer pressure can be viewed as positive or negative. Peer pressure is positive when your friends encourage you to do something worthwhile with them such as perform in a talent show or volunteer at a nursing home. Peer pressure is negative when you feel like you have to do something against your values or morals to fit into a group.



CONFORMITY

Conforming to a group or feeling like you are part of a group is something many teenagers desire. ***Conformity*** is accepting what others do, believe in, or say without question in order to maintain harmony or agreement. Being a member of a group can be a positive experience. It can help you learn how to cooperate, learn from others, and meet other people who share the same interests. Being in a group also may give you the chance to become a leader and develop leadership skills.

When you are involved in a group, sometimes it can be difficult to march to the beat of a different drummer or do your own thing. Allowing others to persuade you to do something you know is wrong or that is against your values and beliefs can lead to trouble. Having a strong sense of right and wrong will help when telling someone "no" or "yes." It is important to have the courage to stand up for what you believe in and be a secure individual when confronted with peer pressure.

Being accepted into "the" group is very important to some young people and some adults. Some adults never gain enough self-confidence to do what they believe is right rather than what others tell them is right. Always being part of a group and doing as they do, no matter what you believe, can be stressful as well as dangerous. Growing apart from a group and forming your own identity is an experience that usually begins in early adolescence.

Being a member of a delinquent gang is generally considered an example of how harmful peer pressure can be to some people. Such gangs are usually ready and willing to accept others into their group, as long as those persons are willing to do what they are told. Proving oneself worthy of the acceptance of gang members can be costly. Whether stealing from a convenience store, breaking into a home or business, or writing graffiti on public property, the price of becoming a member of the gang can be very high.

RISK TAKING

Many young people are risk takers by nature, but being a risk taker does not have to mean jeopardizing your life. In order to experience life to its fullest, it is necessary to take some risks during your lifetime. Weighing the advantages and disadvantages of the challenges you face each day is a way to decide what risks you want to take. Thinking about the outcome or consequences of your actions before you act is very important. Many of us do not consider what the consequences of our actions will be five, ten, or twenty years in the future.

Taking responsibility for your actions is a trait that develops as you mature. Some people live their entire lives unable to take responsibility for their actions. When persons do not take responsibility for things they have done, who do you think ultimately deals with the problem?

People who refuse to take responsibility for their actions often have many problems they must confront before they can become responsible, contributing members of society. A person who writes checks without having enough money in a checking account to cover the checks is irresponsible and dishonest. As a result of this person's behavior, honest people may have difficulty writing checks to merchants, and they may have to pay more for services or goods because of the merchant's need to pay for the actions of irresponsible people.

COMMUNICATION

Communicating with others in a clear, effective manner is important. Saying "no" to peer pressure and behaving differently than the rest of your peer group can be difficult when you do not have good communication skills. Learning and practicing good communication skills must be done everyday so we can function in society. The way in which you communicate, whether verbal or nonverbal, tells a lot about who you are. Being hateful and rude never achieves anything positive. Negative behavior may make you feel better temporarily, but you will realize that it does not usually achieve the results you desire. On the other hand, never speaking up is not the best way to communicate either. Communicate effectively with others by portraying a positive, open stance where you express yourself and allow others to do the same.

The way in which you communicate may be considered assertive, aggressive, or passive. ***Assertiveness*** is a persistent determination to express one's opinions and be recognized. An assertive person knows what he or she wants and knows how to obtain it without using offensive, overpowering, devious behavior. Expressing your feelings and ideas while respecting the feelings and ideas of others is the basis for assertive behavior and good communication. Being assertive also may involve walking away from a risky situation or making a conscious decision to avoid the person or group pressuring you to take risky action.

Aggressiveness is the willingness to take direct action even if it is considered rude and domineering. An aggressive person is one who uses bold, forceful behavior to get what is wanted. Using aggressive communication may result in getting what you want, but you may develop a reputation of being "pushy," mean, and hateful.

Passiveness refers to a lack of action and influence and the inability to communicate feelings or opinions. A passive person is one who does not oppose or question anyone or anything and will do as told. Passive behavior does not enable you to express your feelings or ideas. By not expressing or even considering your own feelings and ideas, you let other people control and manipulate your life.

More detailed information on communication skills and types of communication is included in Chapter 4.

Saying "No" to Peer Pressure

- ☞ Avoid making excuses. Simply state your decision.
- ☞ Use accurate body language to communicate your firm decision.
- ☞ Avoid arguments and angry responses.
- ☞ Make an alternative suggestion of what to do, wear, etc.
- ☞ Avoid contact with the person or group who is applying the pressure.

Points to Remember

- Personal development includes identifying your strengths and abilities, developing your self-awareness, becoming self-directed, and coping with peer pressure.
- Developing a healthy self-esteem may seem difficult when faced with other problems, but you will be amazed at how interconnected your self-esteem is to the rest of your life.
- Believing in yourself and feeling good about yourself at this point in your life may be a challenge.
- Generally, people who are self-aware have positive attitudes about themselves and de-emphasize their weaknesses.
- No one is perfect. Striving to be perfect is nonproductive and will prove to be discouraging if not depressing.
- Everyone needs to learn how to cope with stress and when to avoid situations that lead to excessive negative stress.
- The awareness of self leads to the formation of a self-concept.
- Becoming self-aware and self-directed are important steps in maturing and developing an identity.
- The direction you have chosen for your life may change, but for now you need to feel confident that you can make the right decisions for yourself and your child.
- When you are involved in a group, sometimes it can be difficult to march to the beat of a different drummer or do your own thing.
- Communicate effectively with others by portraying a positive, open stance where you express yourself and allow others to do the same.

Vocabulary

aggressiveness
assertiveness
blind self
conformity
decision making
distress
eustress
goal
hidden self
long-term goal
objective
open self

passiveness
peer pressure
personal development
self-awareness
self-concept
self-direction
self-esteem
short-term goal
stress
stressor
unknown self

Review

1. Define the term *personal development* using examples from the text.
2. What are the guidelines for helping you build a healthy self-esteem?
3. List some of the guidelines for becoming more self-aware.
4. How can stress affect you physically? emotionally?
5. How can self-concept be explained according to Johari's Window?
6. Identify the steps of the decision-making process according to the text.
7. Explain how risk taking is related to peer pressure.
8. How are the ways in which a person can express communication skills defined? Which category can you identify with personally? Explain.

2 Biological Sexual Activity

Essential Elements

(2) Concepts and skills related to biological sexual activity.

- Describe reproductive anatomy.(2A)
- Describe responsible behavior in prevention and control of disease including sexually transmitted diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS).(2B)
- Identify methods of pregnancy prevention/family planning.(2C)

As human beings, we are all different physically, emotionally, and psychologically. All humans change from children to adults at different times. Changing from a child to an adult involves going through the process called puberty. ***Puberty*** is a time in a person's life when reproductive organs develop and sexual reproduction becomes possible. During puberty, many changes occur within the body and mind. Going through puberty can be difficult, especially if you do not experience the same bodily changes as your friends. These changes may seem dramatic and difficult to understand, but remember, everyone experiences puberty.

Once sexual reproduction becomes possible, it is important to understand the reproduction process. Gaining an understanding of the reproduction process includes being able to identify male and female reproductive organs, understanding how conception occurs, and developing responsible sexual behavior. In addition to understanding how your body functions sexually, you need to know how people protect themselves from sexually transmitted diseases and unwanted pregnancies. By having a basic understanding of biological sexual activity, individuals will be able to make responsible choices regarding sexual behavior.

The Reproductive Process

The male and female bodies are extremely complex. As your body changes and grows from a child to an adolescent to an adult, you develop the ability to have children, or reproduce. ***Human reproduction*** is a complex process in which a male and female work together to create a new human being. To understand the reproductive process, first it is important to understand the way in which the reproductive organs of your body function and identify how they differ from the reproductive organs of the opposite sex.

REPRODUCTIVE ANATOMY

Reproduction could not occur without the intricate processes carried out by the reproductive organs, also referred to as the ***genitals***. Each reproductive organ has its own function in the reproductive process. Some of the organs that comprise the reproductive system and the urinary system overlap, and some reproductive organs function similarly in both males and females.

Overall, the male and female reproductive organs and reproductive systems are very different. The basic differences between the male and female reproductive systems are as follows:

- women are capable of giving birth
- women menstruate
- women can breast-feed
- women provide the egg, and men provide the sperm to fertilize the egg

Male Reproductive Organs

The male reproductive organs are primarily responsible for supplying sperm to fertilize the female's egg. ***Sperm*** are mature, male reproductive cells capable of fertilizing an egg. The male reproductive system consists of the following organs, which are illustrated in figure 2.1:

- testes
- epididymis
- vas deferens
- seminal vesicles
- prostate gland
- penis

The ***testes*** are the site where sperm and male hormones are produced. Males normally have two testicles which are contained in a sac-like structure or pouch known as the ***scrotum***. The testes hang under the base of the penis with one testicle on each side.

The ***epididymis*** is a long, coiled tube that travels from the testes to the vas deferens. The sperm

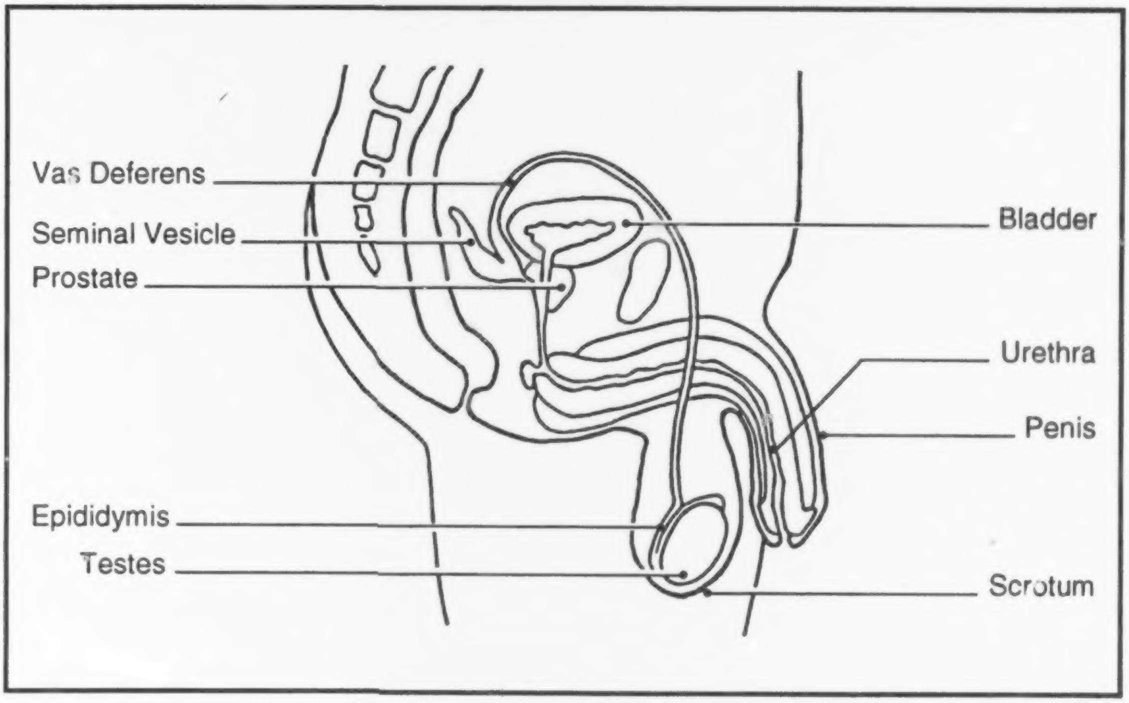


Figure 2.1

mature in the epididymis prior to moving to the vas deferens. Sperm that are manufactured in the testes are propelled up the epididymis by contractions.

Once the sperm have travelled up the epididymis, they reach the vas deferens. The ***vas deferens*** is a tube that runs from the upper scrotum to the seminal vesicle and from the seminal vesicle to the urethra. The vas deferens serves two functions. It stores sperm in the body until they are ready to be expelled, and it carries sperm from the epididymis to the urethra.

The ***seminal vesicles*** are structures that lie just above the prostate where sperm mix with secretions from both the prostate and the seminal vesicle producing seminal fluid or semen. ***Semen*** is a thick, whitish fluid that surrounds the sperm. As sperm travel in the vas deferens, they arrive at the seminal vesicles and are mixed with the seminal fluid produced there.

The ***prostate*** is a gland that produces additional semen, which enables sperm to move in the female and helps it survive in the vagina. The fluid produced by the prostate makes up the major portion of semen.

Once the vas deferens passes through the prostate, it becomes the ejaculatory duct opening into the urethra. The ***urethra*** is a tube that extends from the ***bladder*** (a sac where urine is stored), through the prostate, and through the penis to an opening where urine and semen are expelled from the body. The ***penis*** is made of spongy tissue and blood vessels. The blood vessels expand and cause the spongy tissue to harden, forming an ***erection***. The erect penis is inserted into the female's vagina during intercourse where the semen containing the sperm is released.

Female Reproductive Organs

The female reproductive system is more complex than that of the male and consists of the following organs, which are illustrated in figure 2.2:

- vagina
- ovaries
- fallopian tubes
- uterus
- cervix

The ***vagina*** is the female organ that encircles the penis during intercourse. Cells within the vagina produce secretions and lubricants. The ejaculated sperm from the male enter through the vagina in order to fertilize the egg. The vagina is also the baby's passageway to the outside world during birth. The ***labia*** consist of folds of skin that lie along both sides of the vaginal opening. The ***labia majora*** are larger, outer folds of skin, while the ***labia minora*** are smaller, inner folds that sometimes conceal the vaginal opening.

> *"Males and females are made of the same dough, but they are kneaded differently."*
>
> *I.B. Singer*

The ***clitoris*** is a tiny but sensitive protrusion in front of the vaginal entrance that is filled with nerve endings and is greatly responsible for a female's sexual arousal and pleasure.

The ***ovaries*** are two small, almond-shaped organs that produce and release unfertilized eggs (ovulation) and produce female hormones (estrogen and progesterone). An ***egg*** (ovum) is the reproductive cell produced by the female. The ovaries are located in the lower abdomen, and one lies at each side of the uterus.

Once the egg leaves the ovary, it enters a fallopian tube. The ***fallopian tubes*** are thin tubes that begin near the ovaries and connect to the uterus. There are two fallopian tubes that serve as pathways through which the egg travels. If fertilization (the fusion of the egg and one sperm) is to occur, it normally occurs in one of the fallopian tubes where the sperm and egg meet.

When a female's egg is not fertilized, her body does not need the nourishing lining formed in the uterus. The unfertilized egg dissolves, and the lining of the uterus is sloughed off through the vagina. This process is called ***menstruation***, often

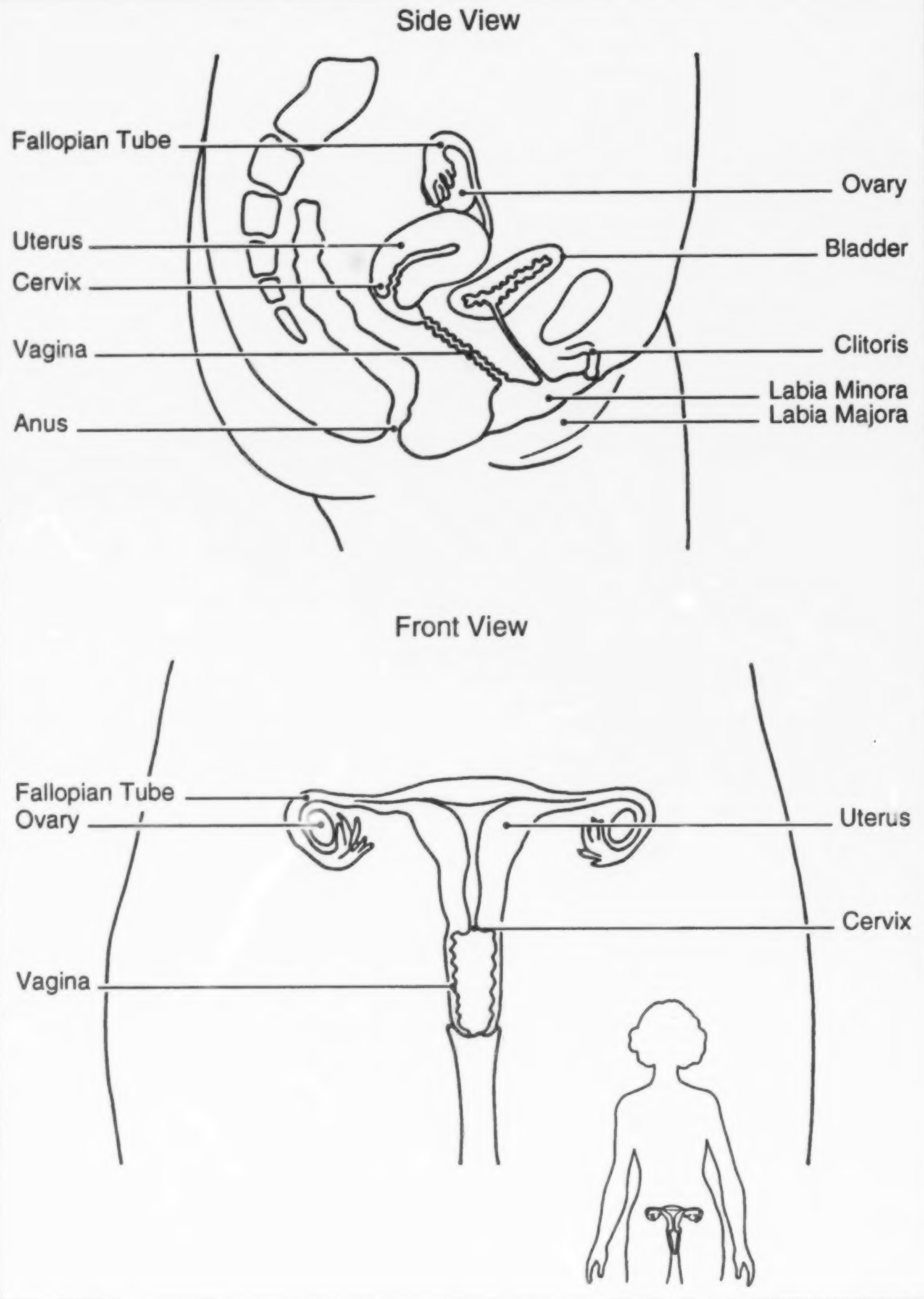

Side View
Fallopian Tube
Ovary
Uterus
Bladder
Cervix
Vagina
Clitoris
Labia Minora
Labia Majora
Anus
Front View
Fallopian Tube
Ovary
Uterus
Cervix
Vagina

Figure 2.2

referred to as a female's period. Menstruation occurs in the female body approximately every twenty-eight days from the time of puberty to menopause.

If the egg is fertilized, and after it divides into two cells, it is called a ***zygote***. The zygote travels to the uterus and implants itself in the uterine wall. The ***uterus*** is a hollow, light-bulb shaped, muscular organ where the embryo and fetus develop. ***Embryo*** is the term used to refer to the unborn infant from about the second week after conception until about the eighth week, which is the time when all body structures are formed. The term ***fetus*** refers to the unborn infant after the period of the embryo is over until the infant is born. The uterus is very elastic and can stretch beyond its two and one-half inches to hold a baby. At the neck of the uterus is a small opening called the cervix. The ***cervix*** dilates (opens) during childbirth to allow the baby to be born.

Considered the final stage of a female's childbearing years, ***menopause*** is the time when a female stops releasing eggs and stops menstruating. A female's body goes through significant changes once all of the eggs have been released and the ovaries no longer produce the hormones necessary for reproduction. Menopause usually occurs around the age of fifty. Like menstruation and ovulation, menopause is not the same for every female and can occur as early as a female's twenties or as late as her sixties. Males do not go through menopause. Once a male is capable of producing sperm, he is capable of fathering children for the rest of his life.

CONCEPTION

The fertilization of an egg by a sperm is known as ***conception***. Conception can occur under natural conditions through sexual intercourse or through artificial, scientific means. ***Sexual intercourse*** is the insertion of the erect male penis into the female vagina, concluding with the depositing of semen into the vagina. Many scientific breakthroughs have occurred in the medical field that have resulted in alternative, artificial ways for conception to occur. These methods include in vitro fertilization, surrogate motherhood, and embryo transplant.

With ***in vitro fertilization***, eggs are fertilized outside the body and transferred to the uterus when they have grown to the four to eight cell stage (in vitro fertilization-embryo transfer [IVF-ET]). ***Surrogate motherhood*** is when a woman becomes pregnant and carries the fetus to term for an infertile couple. ***Embryo transplant*** refers to the process where a fertilized egg is transplanted from the uterus of the woman in which it was fertilized into the uterus of an infertile woman.

The development of a human being from a single cell is an amazing process that begins with a sperm and an egg. A male's body produces sperm and a female's body produces eggs. The mature male body constantly produces sperm. There are approximately 300 million sperm in a single ejaculation. An ***ejaculation*** is the ejection of semen, the fluid that contains sperm, from the penis. It only takes a single sperm to fertilize an egg. When a female is born, the ovaries already contain all the eggs she will ever have. At birth, the number of eggs present is thought to be about 400,000. When a female reaches puberty, her ovaries begin to release the eggs that have survived and matured. Approximately 300 to 500 eggs will mature.

Usually, one egg is released from an ovary each month. This process is called ***ovulation*** and can last from a period of a few hours to a few days. After being released, the egg is swept into the fallopian tube and travels slowly to the uterus. It usually takes about six days for the egg to travel through the fallopian tube to the uterus. Fertilization normally takes place within twenty-four hours after ovulation. If living sperm are present in the female's body when ovulation takes place, pregnancy can occur. The sperm do not have to be deposited in the female's body after ovulation in order for conception to take place. Sperm must swim or move up through the uterus and into the fallopian tubes to fertilize the egg.

Sperm can survive in the fallopian tube for forty-eight to seventy-two hours and the egg is fertilizable for approximately eight hours. Most of the sperm are not strong enough to reach the egg. About one-half of the sperm, or 150 million, that do reach the fallopian tubes will travel up the fallopian tube that does not contain the egg. Once a sperm reaches the egg, it must be strong enough to penetrate the egg in order for fertilization to occur.

Once the egg is fertilized, three stages of prenatal development occur—the period of the zygote, the period of the embryo, and the fetus stage. The first period of prenatal growth is the ***period of the zygote***. The egg begins as a single cell and grows through cell division. Cell division means that the single cell divides into two cells, then those two cells divide and become four cells, and so on until the fertilized egg becomes a mass of cells. Once the fertilized egg divides into two cells, it is called a zygote. The period of the zygote lasts about two weeks. During this period, the zygote reaches the uterus and implants in the uterine lining.

The second stage of prenatal development, from two weeks after conception until the eighth week, is the ***period of the embryo***. The embryo becomes firmly attached to the uterus, and the placenta forms from the tissue connecting the embryo to the uterus. The umbilical cord also appears during this period. The growing embryo becomes surrounded by the amniotic sac that contains ***amniotic fluid***. This fluid protects and cushions the developing embryo and fetus until birth and maintains a constant temperature in which the embryo and fetus can survive. The uterus is where the embryo will be nourished and grow into a fetus. The term ***fetus*** is used to refer to the unborn infant after the period of the embryo is over until the infant is born.

RESPONSIBLE SEXUAL BEHAVIOR

Responsible sexual behavior goes hand-in-hand with maturity. Although your body says you are ready to produce a child, your mind may not be as mature. Having sexual intercourse (sex) before you are mentally and physically ready to cope with the consequences may be an unfortunate choice and result in the following:

- exposing yourself to a sexually transmitted disease
- experiencing an unplanned pregnancy
- acquiring an undesirable reputation
- expecting more from the relationship than your partner wants to give
- lowering your self-esteem

Choosing to have sex with another person is one of the most important decisions you will make. It is not a decision that should be made in the heat of passion. You should have complete control over your body and your sexuality. The decisions you make should be ones you will feel good about the next day, the next month, and in five years.

Questions such as the following should be considered prior to engaging in a sexual relationship:

- If I have sex will it change my life?
- Could having sex now prohibit reaching my personal and professional goals?
- Does having sex go against my personal value system?
- Is he or she pressuring me to have sex?
- What if I get pregnant?
- What if she gets pregnant?
- Why should he or she expect me to have sex without commitment?
- Would my parents approve of me having sex?
- What if I get a sexually transmitted disease?
- What will others think of me if I have sex?

INTIMACY

Intimacy plays a big part in a successful sexual relationship. ***Intimacy*** is the state of sharing private or personal feelings with another person. Some people believe intimacy and sex are the same thing; however, a blend of both sex and intimacy is what most people strive for in a good relationship. Becoming intimate with another person does not have to involve a physical, sexual relationship. Intimacy develops with both physical and emotional maturity. Intimacy can result from a close, personal relationship with a family member or friend who is easy to talk to and accepting, caring, and loving of other people.

Being intimate with another person can lead to a special, comfortable, trusting relationship where both people can be themselves without pretending to be anyone or anything else. Developing an intimate relationship with a person who may become a sexual partner is the most desirable path to take to building a long-term loving, sexual relationship. Having sex before becoming intimate can be unfulfilling and emotionally detrimental.

The media plays a significant role in the mixed messages that we see and hear. It is difficult for many adults who have formed their identities to avoid being influenced by the barrage of sex and violence in our society. It may be even harder for young people who are still trying to mature and decide exactly who they are to evaluate and resist the sexual messages the media presents.

Parents, teachers, and friends may encourage you to "just say no" to a sexual relationship until you are older or married, but television, billboards, radio, and magazines imply that sex is the way to be beautiful and popular. Saying "no" may sound easier than it actually is. The pressure you feel from others to have sex or to not have sex can be overwhelming. In order to deal with media pressure effectively, you must understand your own feelings and make informed decisions about your own body. It is important to realize that a sexual relationship should be a serious commitment between both people involved.

Sexually Transmitted Diseases

A ***sexually transmitted disease (STD)*** is a disease that is spread by some type of physical body contact, usually sexual contact. In our society, sexually transmitted diseases have become an epidemic (widespread). Sexual promiscuity has increased due to the availability of more reliable methods of contraception. Increased sexual activity has led the way for new and deadly diseases. There is a high element of risk involved when engaging in any sexual relationship other than a long-term, mutually-monogamous sexual relationship. A ***monogamous relationship*** is a partnership or marriage between two people who have sexual relations exclusively with one another and no one else.

Sex is becoming more and more risky. New strains of diseases are being discovered, and diseases are becoming resistant to the treatments currently available. Many doctors and researchers are now saying that there is no such thing as "safe sex." ***Safer sex*** can be defined as sexual relations in which precautions are taken to prevent the spread of disease and decrease the chance of becoming pregnant. Safer sex related to sexually transmitted diseases usually refers to using a condom along with a spermicide (foams, creams, jellies, suppositories, sponges, or film) during sexual intercourse.

The use of a latex condom is one of the most effective methods of preventing sexually transmitted diseases, since the condom prevents body fluids from being exchanged. However, condoms are not 100 percent effective in preventing the spread of disease since they sometimes leak or break. The failure rate of condoms (5 to 10 percent) is one of the reasons that causes people to say there is no such thing as safe sex. Making the decision not to have sex is the only 100 percent effective method of not contracting a sexually transmitted disease. Not having sexual intercourse or sexual relations of any kind, or ***abstinence***, is highly recommended.

It is important to remember that all sexually transmitted diseases can be transferred by both heterosexual and homosexual activity. The term ***heterosexual*** refers to individuals who sexually desire individuals of the opposite sex. The term ***homosexual*** refers to individuals who sexually desire individuals of the same sex. The following diseases are primarily, but not exclusively, transmitted by sexual contact:

- Chlamydia
  Chlamydia is a disease caused by the bacterium or organism chlamydia trachomatis. This organism causes an infection of the urinary and reproductive organs that can spread and cause sterility and pelvic inflammatory disease if not treated. Painful urination may be a symptom of chlamydia in males, but often there are no symptoms initially. Women are frequently without symptoms and may not know they need treatment. Antibiotics usually clear the infection.
- Genital Warts
  Genital warts are similar to regular skin warts

in appearance and origin. They are caused by the human papilloma virus (HPV). The appearance of small bumps that grow quickly on the genitals is a symptom of genital warts. Genital warts can be removed by medications, cyrosurgery (freezing of tissues), or laser treatment. They often occur in the vagina or on the cervix of the female where they are not obvious and are thought to be a factor in cancer of the cervix.

- Gonorrhea
  Gonorrhea is an infection caused by the bacterium neisseria gonorrhoeae. It can spread throughout the body and cause pelvic inflammatory disease in women and prostatitis and urethritis in men. Gonorrhea can lead to sterility in both men and women. Symptoms of gonorrhea in the male include thick, pus-like discharge from the urethra and painful, frequent urination. As with chlamydia, women are frequently without symptoms. Gonorrhea can be cured with antibiotics and bed rest when diagnosed in its early stages.
- Pelvic Inflammatory Disease (PID)
  Pelvic inflammatory disease is caused by bacteria and occurs only in females. It can cause scarring in the fallopian tubes which can cause infertility. Symptoms of pelvic inflammatory disease include pain in the lower abdomen, backache, painful intercourse, and irregular menstrual periods. Treatment with antibiotics often cures pelvic inflammatory disease.
- Syphilis
  Syphilis is caused by a microorganism called a spirochete. Syphilis also can be transmitted when infected body fluids come in contact with minor cuts on the skin. Syphilis is less prevalent than gonorrhea or chlamydia. Symptoms may be slow to appear and may lay dormant for months or even years. One of the first signs of syphilis are painless lesions or chancres that appear where the bacteria enters the body. If untreated, syphilis can cause damage to the circulatory system and nervous system and internal organs such as the heart and brain. This damage can cause death. When treated with antibiotics, syphilis can be cured.
- Type II Herpes/Genital Herpes
  Type II herpes, also known as ***genital herpes***, is caused by the herpes simplex type 2 virus (HSV). Herpes also can be transmitted when infected body fluids come in contact with minor cuts on the skin. Herpes shows up as tiny, painful, fluid-filled blisters on the genitals. When these sores appear, a person should not have sex. Herpes easily can be transmitted by sexual activity when sores are present on the genitals. HSV may lie dormant and reappear when the body's resistance is low. There is no cure for herpes. The virus stays in the body permanently. Herpes is also thought to be a factor in cancer of the cervix. The herpes virus can be suppressed by treatment with antiviral oral drugs and by keeping sores clean and dry.

AIDS

Acquired Immune Deficiency Syndrome, or ***AIDS***, is a deadly disease caused by the HIV virus. Since the first case was diagnosed in 1980, more than 300,000 individuals have been diagnosed with the disease in the United States alone. It is unclear how many teens actually are affected, because the incubation period can last as long as ten years. Currently one out of five of those diagnosed with AIDS are in their twenties, meaning that they probably became infected while in their teens.

AIDS is a condition that attacks the body's immune system and causes it to be ineffective in protecting the body against infections and diseases. AIDS is caused by the ***human immunodeficiency virus (HIV)***.

There are basically three ways that the AIDS virus is transmitted from one person to another. It is transmitted through blood, vaginal secretions, and semen. It is transmitted through body fluids; therefore, it cannot be transmitted by contact with inanimate objects or casual human contact such as hugging and touching.

There are two primary ways that virus transmission can occur. The first is through sexual contact—oral, anal, or vaginal—with someone infected with the AIDS virus. The second is through sharing of needles and syringes used for injecting intravenous drugs with an infected person. An infected woman may pass the virus to her baby during pregnancy or childbirth. Before

Acquired	the virus is passed from one person to another
Immune	the disease attacks and weakens the immune system
Deficiency	the body becomes unable to fight off harmful germs making it increasingly difficult to fight infections
Syndrome	a number of symptoms or conditions that characterize the disease occur at the same time

1985 and procedures for carefully screening donated blood, some people contracted the virus through blood transfusions. Procedures for carefully screening donated blood have almost eliminated infections contracted from blood transfusions.

Frequent fatigue, sudden drastic weight loss, and persistent colds, coughs, and diarrhea are some of the symptoms of AIDS. The symptoms become worse as the disease progresses. Emaciation, or abnormal thinness, caused by the disease is normal as is the body's continually decreasing ability to fight off disease and infection.

An individual's chances of contracting the virus increase as his or her number of sex partners increase or the sharing of needles and syringes increases. Avoiding risky behavior will decrease your risk of contracting AIDS. Risky behavior includes the following:

- sharing needles and syringes for intravenous drug use
- having unprotected sex (not using a condom)
- having sex with someone who currently has or has had several sex partners
- having vaginal, oral, or anal sex with an infected person, someone who uses intravenous drugs, or someone who engages in anal sex
- having anal sex (protected or unprotected)

Safe behavior includes the following:

- abstinence from sexual activity
- abstinence from using intravenous drugs

Anyone who has been infected with AIDS will remain infected for life. There is no known cure for AIDS, and most treatments and medications available are experimental. AIDS is a fatal (deadly) disease.

Other than abstinence (not having sex) there are no 100 percent effective methods for not contracting a disease from a sexual partner. However, there are steps you can take to help prevent the spread of sexually transmitted diseases. All of the following guidelines should be observed by anyone who is sexually active:

- **Know your partner.** If neither you nor your partner have a sexually transmitted disease, then sex within a mutually-monogamous relationship is the best way to prevent getting an STD. Do not have sex with just anyone.
- **Know the risks before having sex.** Learn as much about sexually transmitted diseases as possible.
- **Be responsible when using protection against disease.** Be prepared to have the safest possible sex even if your partner is not by having condoms and spermicides on hand.
- **Keep your body clean.** Bathe or shower regularly and wear clean undergarments. Your partner should also practice good hygiene. Understand, however, that cleanliness by itself cannot prevent transmission of STDs.
- **See a doctor if you have any symptoms of disease.** Getting treatment quickly can sometimes keep a disease from spreading or becoming more damaging.
- **Abstain from sex if you have any symptoms of disease.** Do not engage in sex while infectious, even if you think you have already given your partner the disease.
- **Tell your partner that you have a sexually transmitted disease.** Although this may be embarrassing, it is the only decent, responsible course to take. Encourage your partner to seek medical treatment.

Pregnancy Prevention

You may have heard some unusual stories about how someone prevented a pregnancy or became pregnant. There are many myths about becoming pregnant. It is very important to know the truth about how pregnancy occurs and how it can be prevented. You may have different religious or moral beliefs about pregnancy and pregnancy prevention than your classmates or your teachers. Understanding the facts will help when you must make critical decisions about your body.

Contraception is any method used to prevent a pregnancy from occurring. When referring to the effectiveness of a contraceptive, there are two types of effectiveness. The first, ***theoretical effectiveness***, considers a method used perfectly every time without error. The second type, ***use effectiveness***, considers the human element involved such as reading and following the directions or not reading the directions or using a method inconsistently or incorrectly.

Contraception is an important part of a sexual relationship and should be discussed between you and your partner prior to engaging in sexual intercourse. Openly discussing the contraception options available shows maturity and caring for one another. There are many different forms of contraception, such as those listed in table 2.1, that vary in their effectiveness.

Many adolescents believe that a practice referred to as ***withdrawal*** is an effective method of contraception. Withdrawal, or "pulling out," occurs when the male removes his penis from the vagina before ejaculating. This is done so sperm supposedly will not be released into the vagina. However, some sperm are present in the fluid that is released during arousal, and conception can occur if even this small amount of fluid enters the vagina. If ejaculation occurs near the vagina, sperm can swim up the vagina and into the uterus and fallopian tubes, possibly penetrating the egg. Some males may not withdraw soon enough. In this instance, pregnancy may not be prevented. Therefore, withdrawal is not considered a method of contraception.

The only 100 percent effective way to prevent pregnancy is abstinence. As stated previously, ***abstinence*** is refraining from sexual intercourse, not having sex. By abstaining from sex, you can be sure you will not become pregnant or impregnate someone. There are no forms of contraception that will ensure protection from contracting a sexually transmitted disease.

Types of Contraceptives

Contraceptive	Description	Effectiveness	Side Effects	Affect on Sexual Intercourse	Method of Obtaining
Abstinence the most effective form of birth control	Partners refrain from sexual intercourse	the only 100% effective form of birth control	Abstinence is not a method of contraception, but it is the only way to avoid a pregnancy and the acquisition and transmission of a sexually transmitted disease.		
Birth Control Pill	The birth control pill is made up of different amounts of the hormones progesterone and estrogen which are released in the body to inhibit ovulation. The pill is taken on a regular, daily basis by women.	94% to 97% 99% effective when used correctly	missed or scanty periods, spotting between periods, nausea, breast tenderness, headaches, weight changes	none	prescribed by a physician after an examination
Condom (rubber)	A thin covering made of rubber (latex) is placed over the penis to prevent sperm from entering the vagina; most effective when used with a spermicide. Condoms help prevent the spread of sexually transmitted diseases.	90% to 98% condoms sometimes leak, which lowers the effectiveness rate; most effective when used with a spermicide	none	may decrease the sensations and lessen the enjoyment of sexual intercourse	can be purchased at a drugstore without a prescription
Diaphragm	Before intercourse, a flexible piece of rubber is inserted into the vagina that fits over the cervix where it prevents sperm from reaching the egg. A diaphragm needs to be used with a spermicide to be totally effective.	87% to 98%	may cause slight irritation in the vagina	usually none; may interfere with the spontaneity of sexual intercourse	fitted by a person trained to do so after an examination; spermicides can be purchased at a drugstore without a prescription
Depo-provera	The female receives a shot every three months. It is considered the most effective method of birth control.	99.9%	similar to the initial side effects of the birth control pill	none	prescribed by a physician after an examination

Table 2.1

Types of Contraceptives

Contraceptive	Description	Effectiveness	Side Effects	Affect on Sexual Intercourse	Method of Obtaining
IUD (intrauterine device)	IUDs are plastic devices placed in the uterus, some with copper wrapping, that may prevent the zygote from implanting in the lining of the uterus. They come in various shapes. The safety of this device has been questioned in the past. This is an unlikely contraceptive method for adolescents due to the possible development of pelvic inflammatory disease and sterility.	96% some IUDs release progesterone to increase their effectiveness	may cause cramping, changes in menstrual bleeding, or pelvic infection	usually none	inserted by a physician or other health care provider after an examination
Natural Family Planning (also known as the rhythm or calendar method)	A woman determines when her body is ovulating by checking her temperature and cervical mucous. Sexual intercourse does not occur during this time each month.	53% to 94% depends largely on the woman's knowledge of her body	none Because teen's bodies are not fully developed, this is a highly risky method of birth control.	none; however, there may be long periods when there is no sex	learn about this method from a professional
Norplant	Five small silicone tubes are implanted in a woman's upper arm; tubes release the hormone progesterone into the body and inhibit ovulation. Prevents pregnancy for five years.	99%	irregular menstrual periods, headaches, nausea, dizziness, acne, change in appetite, and weight gain	none	inserted by a physician or other health care provider after an examination
Spermicide foams, creams, jellies, film, and suppositories	Sperm-killing chemical inserted into the vagina to prevent the sperm from reaching the egg.	71% to 96% most effective when used with a condom	may cause slight irritation in the vagina	may cause slight irritation during sexual intercourse	can be purchased at a drugstore without a prescription

Table 2.1 (continued)

Types of Contraceptives

Contraceptive	Description	Effectiveness	Side Effects	Affect on Sexual Intercourse	Method of Obtaining
Sponges	A small, flexible sponge is inserted into the vagina that covers the cervix. Spermicide is released to help prevent sperm from reaching the egg. The sponge can be left in place for twenty-four hours and does not need additional spermicide to protect during the twenty-four-hour period. Disposable after use.	85% to 91%	spermicide may cause slight allergic reaction to both male and female	may cause slight irritation during sexual intercourse	can be purchased at a drugstore without a prescription
Sterilization These procedures are considered permanent and are not usually recommended for young people.	Vasectomy is performed on males and involves the surgical removal or tying of the vas deferens to prevent sperm from being released.	almost 100% sometimes the procedures can be reversed; usually performed on adults who have had their family and are positive they do not want any more children	Some amount of risk is involved in all surgery, but both procedures are relatively safe and simple.	none	these medical/surgical procedures must be performed by a physician
	Tubal ligation is performed on females and involves the surgical cutting or tying of the fallopian tubes to prevent the egg from reaching the uterus and sperm from reaching the egg.				
Withdrawal not considered a form of contraception	the man withdraws his penis from the vagina before ejaculating, sperm supposedly will not be released into the vagina	could be as low as 0% or as high as 80% some sperm can be released prior to ejaculation making effectiveness rates somewhat unclear		interferes with the enjoyment of sexual intercourse	

Table 2.1 (continued)

Points to Remember

- Each reproductive organ has its own function in the reproductive process. Some of the organs that comprise the reproductive system and the urinary system overlap, and some reproductive organs function similarly in both males and females.

- The ejaculated sperm from the male enter through the vagina in order to fertilize the egg. The vagina is also the baby's passageway to the outside world during birth.

- The development of a human being from a single cell is an amazing process that begins with a sperm and an egg. There are approximately 300 million sperm in a single ejaculation. It only takes a single sperm to fertilize an egg.

- The uterus is where the embryo will be nourished and grow into a fetus. The term fetus is used to refer to the unborn infant after the period of the embryo is over until the infant is born.

- Responsible sexual behavior goes hand-in-hand with maturity. Although your body says you are ready to produce a child, your mind may not be as mature.

- Choosing to have sex with another person is one of the most important decisions you will make. It is not a decision that should be made in the heat of passion. The decisions you make should be ones you will feel good about the next day, the next month, and in five years.

- Becoming intimate with another person does not have to involve a physical sexual relationship. Intimacy can result from a close, personal relationship with a family member or friend.

- A sexually transmitted disease (STD) is a disease that is spread by some type of physical body contact, usually sexual contact. In our society, sexually transmitted diseases have become an epidemic (widespread).

- Many doctors and researchers are now saying that there is no such thing as "safe sex." Safer sex can be defined as sexual relations in which precautions are taken to prevent the spread of disease or decrease the chance of becoming pregnant.

- Making the decision not to have sex is the only 100 percent effective method of not contracting a sexually transmitted disease. Not having sexual intercourse or sexual relations of any kind, or abstinence, is highly recommended.

- AIDS is transmitted through blood, vaginal secretions, and semen. It cannot be transmitted by contact with inanimate objects or casual human contact such as hugging and touching.

- Contraception is any method used to prevent a pregnancy from occurring. However, the only 100 percent effective way to prevent pregnancy is to practice abstinence or not having sex. By abstaining from sex, you can be sure you will not become pregnant or impregnate someone.

Vocabulary

abstinence
Acquired Immune Deficiency Syndrome (AIDS)
amniotic fluid
bladder
cervix
chlamydia
clitoris
conception
contraception
egg
ejaculation
embryo
embryo transplant
epididymis
erection
fallopian tubes
fetus
genital herpes
genital warts
genitals
gonorrhea
heterosexual
homosexual
human immunodeficiency virus (HIV)
human reproduction
intimacy
in vitro fertilization
labia
labia majora
labia minora
menopause
menstruation
monogamous relationship
ovaries
ovulation
pelvic inflammatory disease
penis
period of the embryo
period of the zygote
prostate
puberty
safer sex
scrotum
semen
seminal vesicles
sexual intercourse
sexually transmitted disease (STD)
sperm
surrogate motherhood
syphilis
testes
theoretical effectiveness
type II herpes
urethra
use effectiveness
uterus
vagina
vas deferens
withdrawal
zygote

Review

1. Review the function of each reproductive organ.
2. Explain why sperm do not have to be deposited in the female's body immediately after ovulation in order for conception to take place.
3. Compare and contrast a zygote with an embryo and a fetus.
4. List the consequences of having sexual intercourse before you are mentally and physically ready.
5. Define sexually transmitted disease and explain four types.
6. Why is the decision not to have sex the only 100 percent effective method of birth control and not contracting a sexually transmitted disease?

7. Identify three ways that the AIDS virus is transmitted.

8. Name seven risky behaviors that increase a person's chances of contracting AIDS.

9. Name and evaluate three methods of contraception.

10. Why is withdrawal not considered a method of contraception?

3 Parenthood and Adult Roles

Essential Elements

(3) Concepts and skills related to parenthood/adult roles.
  - ➩ Investigate responsibilities of parenthood.(3A)
  - ➩ Discuss commitments and decisions involved in child rearing.(3B)
  - ➩ Summarize the effects of the addition of children on family members.(3D)

Many of you are already parents and may agree with the statement that "parenting is a big responsibility." Providing all of the necessities for a child often can feel like a twenty-four hour a day job. By taking on the role of parent, you must also take on the role of a mature adult. It may be difficult for some young people who are not as mature as others to manage their various roles. Setting good examples and being a strong role model for your child are very important.

Some parents may have idealistic notions about being a parent. Figure 3.1 identifies various myths and realities about being a parent. Making the decision to become a parent is a very important step. Would you agree that deciding to become a parent is the most important decision anyone will make? No prerequisites or special training is required of people who are faced with making this important decision. Although you must undergo testing and training before you become a licensed driver, a teacher, a sky diver, or a law officer, there is no special training required to become a parent.

Parents must learn a great deal in order to be successful. The environment in which we grow plays a part in how we learn parenting skills. Many of us acquire knowledge of parenting from watching our own parents. The ways in which we were loved and cared for as infants and children directly affect the way we love and care for infants and children. As a result, the bonds that are formed between infants and parents are extremely crucial.

Myths of Being a Parent	Realities of Being a Parent
Your baby will fulfill your life.	You must be responsible for fulfilling your needs and your life. It is not rational to expect a child to fulfill your needs and make you happy.
Your child will love you unconditionally.	Babies need parents to provide love and nurturing. They are totally dependent on the parent; therefore, babies are not able to return love and affection in a nurturing, responsive manner.
Babies are so cute.	Babies can appear unattractive when they are first born due to the physical stresses of the birthing process. This may surprise parents who have never seen a newborn.
Your child will be there for you when you are elderly.	Assuming that anyone other than yourself will take care of you during your old age is presumptuous. Of course many children do care for their parents when the parents can no longer care for themselves, but this care is not anything that can be guaranteed.
If you are a good parent your child will be good.	Rearing a good child is a difficult job and requires more than just considering yourself a good parent.
"All of my friends are becoming parents, so I should be too."	Choosing to become a parent should be based on your goals and beliefs; no one else should make the choice for you.

Figure 3.1

Parenting Styles

The term ***parenting*** refers to the roles of parents. It suggests that the roles of the mother and father may not be as different as people have thought in the past. It is no longer enough for a parent simply to be present at home. Each parent is expected to share feelings and give attention to the parent-child relationship.

Nurturing is an important part of parenting because it helps a child feel cherished, valued, and comforted. Sometimes, it becomes necessary to treat a child with firmness.

The guidance techniques parents and other adults use usually can be classified into one of three main styles of parenting. You might use one parenting style or a combination of parenting styles, and your style of parenting may change as your child gets older or as children are added to the family. The three parenting styles are

- authoritarian,
- democratic, and
- permissive.

AUTHORITARIAN

Authoritarian parents practice authority, demand obedience, and enforce strict discipline to achieve desired behavior from a child. This parent establishes specific guidelines, rules, and standards that must be followed. As a result, there is no flexibility or negotiation. When children deviate from acceptable behavior, authoritarian parents often use physical punishment and force to correct the situation. Many experts believe that authoritarian parenting is harmful to children, causing them to behave solely out of fear of punishment.

PERMISSIVE

Permissive parents are the opposite of authoritarian parents. They allow their children to have nearly complete freedom. Permissive parents usually are not sure what rules they should enforce, causing their child to feel insecure and lost without any direction. When these children are put in a situation outside the home where rules must be followed and interactions take place, they might have a difficult time adjusting to such a different environment.

DEMOCRATIC

In a democratic home, family members share in family decisions. Independence, decision making, and respect for self and others are encouraged. When rules or limits are set, ***democratic parents*** clearly define the limits of the child's behavior and explain both the expected behavior and the reason for it. Democratic parents usually use a form of discipline other than physical punishment and encourage favorable behavior through positive reinforcement (rewarding good behavior to encourage its repetition). As a result, children who are raised in a democratic household learn self-confidence and cooperation. Children learn to live with rules and limits but also have the chance to learn and become independent with their freedom.

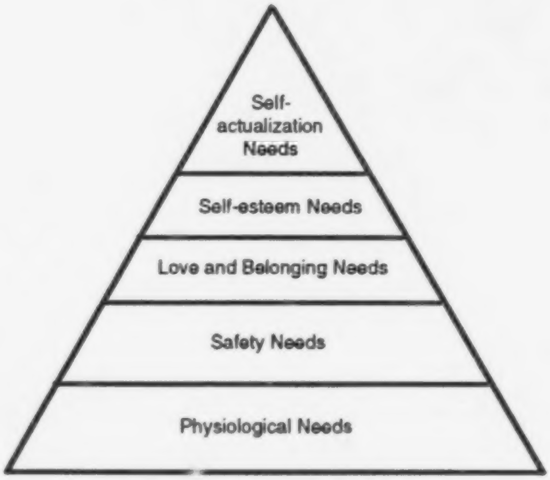
Responsibilities of Parenthood

A ***responsibility*** is a condition for which you assume the duties, obligations, and accountability. The responsibilities of parenting are endless. Responsibilities of being a parent begin long before pregnancy. The parents of a child are responsible for nurturing their child even before he or she is born. Mothers and fathers should be healthy and prepared before pregnancy occurs.

Pregnant women need to be careful that they eat the right foods to nourish both their bodies and their unborn child. They must take extra caution and not participate in potentially harmful physical activities, such as climbing ladders, lifting heavy objects, and working-out strenuously. Expectant mothers also must not take drugs (unless prescribed by a physician), smoke cigarettes, or drink alcohol.

The responsibilities of caring for a child multiply once the baby is born. A baby is totally dependent on the caregiver to provide every need, and a baby does not understand patience. The baby's needs must be met constantly and quickly. These needs include emotional as well as physical needs.

According to ***Abraham Maslow's hierarchy of needs***, illustrated in figure 3.2, the most basic needs for people are what Maslow calls physiological: food, shelter, water, sleep, and clothing. Parents must provide their children with these necessities in order for the children to survive. Obviously, an infant would not survive long if it were outside during a snowstorm without a blanket.



Maslow's Hierarchy of Needs

Figure 3.2

Needs that must be met on the next level are safety needs. Individuals require a sense of security, knowing their needs will be met and that they will be protected from physical harm. You may understand how it feels to be unsafe; you cannot focus on higher level needs when you are afraid.

The third level of need is the feeling of being loved and belonging to a family or other close group. Feeling loved and wanted forms the basis for a child's self-esteem.

The last two stages, or levels, are known as growth needs. A person cannot reach either of these stages until the first three levels of needs are sufficiently met. A person who is hungry or cold is not concerned with reaching any of the higher levels of needs. The need for self-esteem and respecting oneself and others is the fourth level of need.

The highest level of need is that of self-actualization. Becoming one's own self and reaching one's full potential proves that a person has been successful in having all needs met. Once you have met the first four levels of needs, you can continue to grow by helping others reach the same goals. As a parent it is your responsibility to help your child become capable of reaching the highest level.

Being a parent involves many responsibilities. Some important responsibilities that affect the health and happiness of parents and children include the following:

- child guidance
- legal and moral responsibilities
- health and safety responsibilities
- social and emotional development
- intellectual development
- financial responsibilities

CHILD GUIDANCE

All children need guidance. ***Guidance*** includes all of your actions and words used to influence your child's behavior. Your child needs guidance for a variety of reasons including the following:

- to learn what actions are acceptable and what actions are not
- to learn how to interact with others
- to promote your child's healthy attitudes about herself or himself
- to establish a positive self-concept and high self-esteem
- to ensure your child's safety
- to encourage self-discipline
- to learn self-control

The guidance you use should be appropriate for your child. You need to consider your child's age and abilities as well as the specific situation.

LEGAL AND MORAL RESPONSIBILITIES

Legal responsibilities of parenting include those things that are required because of a law. One example of a legal responsibility is protecting your child by placing him or her in appropriate seat restraints while traveling in a motor vehicle. Divorced parents or parents who do not live together have a legal responsibility to provide economic security for their children by making child support payments. A parent who does not provide this care can be forced by the state to make the required child support payments.

Texas has a unique law to help with paternity cases. ***Paternity*** is the role of the father. The Texas Attorney General's office sponsors a program that is designed to help educate adolescents about the expectations of the law as it applies to parental responsibilities. ***Paternity/Parenthood Project Plan (PAPA)*** strives to counteract any romantic or idealized notions of early parenthood by increasing awareness of the laws as they relate to parental responsibilities.

Moral responsibility involves rearing your child to be a responsible and contributing member of society. A child's moral development involves gaining respect for others, understanding of rules, and ability to make good value decisions about what is right and what is wrong. The development of morals and a conscience relates closely to social, emotional, and intellectual development. If you are a single parent, your child's absent parent is expected to help support the child both legally and morally.

HEALTH AND SAFETY RESPONSIBILITIES

Every child must have basic needs met to ensure healthy development. Examples of needs include food, water, clothing, and shelter. As a parent, you want your child to be safe and protected. Safety begins with medical checkups, inoculations, and safe physical and emotional surroundings.

SOCIAL AND EMOTIONAL DEVELOPMENT

Children need affection. The affection of both parents and other family members is important for the social and emotional development of children The nurturing you provide plays an important role in your child's development of positive self-esteem and in your child's ability to form healthy relationships. Children need to know that they are loved and accepted by their parents and family members. This may be true especially if you do not live with your child's other parent.

Your child's self-concept is developed primarily as a result of interaction with the family. ***Self-concept*** is how a person sees her or his own identity, abilities, and worth. Children are born not knowing who they are. Self-image and self-concept are molded by the attitudes reflected in the faces, voices, and words of those who are important to them.

For example, children whose parents tell them they are very special and continually participate in positive relationship-building activities develop positive self-concepts and are emotionally healthy. Children whose parents tell them repeatedly through words and body language they are worthless and horrible develop negative self-concepts and are emotionally unhealthy. Once a child has developed a negative self-image, it takes time and effort to create a positive self-image.

INTELLECTUAL DEVELOPMENT

Intellectual development is how children gain the ability to think and know about things. Some of this mental development is gained through learning. A child's intelligence is a product of heredity and environment. Children are born with mental potential. Families have the responsibility to help ensure that children make the most of their potential. The family greatly influences how a child's mind develops through what they teach and how they support the child. To reach full mental potential, a child needs both encouragement and opportunities to learn.

FINANCIAL RESPONSIBILITIES

In addition to fulfilling the emotional and intellectual needs of children, parents also must provide financially for their children. Children are expensive. The expense begins with the first pregnancy test or visit to the health care provider and does not end until the child is able to live and support himself or herself independently. Making certain that resources are available to feed, clothe, shelter, educate, and provide medical care for your child is not only appropriate but responsible and essential. Factors other than financial resources have great influence. Yet with a considerable lack of money, the challenge of rearing a healthy child is much greater.

The United States Department of Agriculture (USDA) estimates the cost of rearing a child to age eighteen in the 1990s to be more than $135,000. This figure represents the costs of housing, food at and away from home, transportation, clothing, medical care, education through grade twelve, and other miscellaneous expenses.

Medical

Medical expenses begin as soon as a woman believes she is pregnant and goes to see her health care provider. Many health care providers have a set fee which covers all prenatal care, delivery, and certain postnatal care procedures. The expenses are the same if the expectant mother first visits the health care provider as soon as she thinks she is pregnant or during her third trimester. It is best for an expectant mother to see her health care provider as early in the pregnancy as possible. The health care provider may prescribe special vitamins that must be purchased at a pharmacy. A detailed plan of how much the health care provider will charge and when the fees should be paid also will be made available. The total bill for a normal pregnancy and giving birth to a baby naturally (vaginally) can cost between $3,000 and $5,000. A cesarean section costs between $6,000 and $8,000. If the baby requires any special treatment, the costs rise significantly. Furthermore, children get sick and have accidents throughout their childhood and into adolescence. Parents are responsible for meeting the medical needs of their child and this sometimes can be costly. Even a seemingly healthy child can incur several hundred dollars in medical bills in a year.

Prenatal Expenses

Prenatal expenses include prenatal care, proper nutrition and vitamins, and maternity clothing. ***Prenatal care*** is medical attention for an expectant mother and the fetus. The exact cost of doctor visits varies depending on the health care provider and the geographic region, but the figure is substantial regardless.

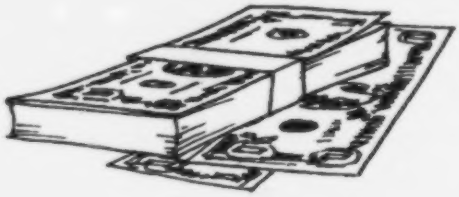
There is no reason to delay medical care in order to save money. If an expectant mother cannot afford a private physician there are local health clinics that can provide prenatal care on a sliding fee scale. Prenatal care can save money in the long run by preventing problems or by treating them as they arise. Conditions left untreated may cause more serious problems that drain the family both financially and emotionally.

Childbirth Expenses

Most expectant mothers choose to give birth in a hospital. Hospital fees are determined based on the type of room and whether or not it is shared. Hospitals charge extra for the use of the labor room, the delivery room, the nursery, and the numerous laboratory tests, medicines, and supplies. If a woman requires a cesarean section, which is a surgical procedure, the cost of delivery increases.

Because of the expenses of having a baby, the need for a quality health insurance plan becomes evident. A good plan covers the infant's expenses and the mother's prenatal, childbirth, and postnatal care. If the baby is born prematurely or with health problems, the hospital stay could extend for weeks or even months. The expense of around-the-clock monitors and special equipment is astronomical. Before purchasing a health care plan, it is wise to learn exactly what the policy covers and to assume nothing.

Medicaid is a government program that provides medical care for many individuals who are unable to pay for it. If you are participating in other public assistance programs, you probably are eligible for Medicaid.



Additional financial obligations that must be met include the following:

- insurance
- clothing
- equipment
- food
- shelter
- child care
- schooling

Insurance

To help pay the high medical bills, it is helpful to have insurance. Insurance is a system in which you or your employer, or both, pay an insurance company to protect you in the event of an illness, a death, an accident, lost or stolen property, or a disaster. Insurance is often a benefit offered to employees by their employer. The cost of purchasing medical insurance on your own may be very high. The different kinds of insurance that most people purchase are health insurance, life insurance, automobile insurance, property insurance, theft insurance, and liability insurance.

Clothing

The cost of maternity clothing and clothing for a new baby can be controlled more easily than many other costs involved in having and rearing children. Clothing can be expensive or inexpensive, depending on what you purchase. Many women may not need maternity clothes until the second or third trimester of their pregnancy, and even then they may be able to borrow clothes from a friend or family member. Expectant parents can save money by either borrowing baby clothes from someone they know who has recently had a baby or by purchasing baby clothing (inexpensively) from thrift shops or garage sales.

Equipment

The types of equipment and furniture needed will change as your child grows. An infant requires a variety of items, such as bottles, nipples, feeding spoons, diapers, diaper pins (if using cloth diapers), blankets, crib, mattress, mattress cover, sheets, bumper pad, baby bathtub, mild soap, soft washcloths, soft towels, lotion, powder, petroleum jelly, rectal thermometer, car seat (can sometimes double as an infant carrier), tote bag, and a stroller. In addition, parents may obtain other items such as toys, mobiles, and extra blankets, but they are not necessities. It may be more economical to purchase some of these items second hand or to borrow them from a friend or family member. Spending your money wisely is very important when your resources are limited.

Food

A healthy diet for both mother and child is very important. The necessary groceries must be purchased to provide a healthy diet for a pregnant woman. This will help ensure the birth of a healthy baby. Infants have special nutritional needs. An infant who is not breast-fed should be fed a special formula that can be purchased in grocery stores. As children get older, they continue to need healthy food so they can grow properly.

Shelter

A child must be provided with shelter to be protected from the elements. A home is much more than just shelter; it is a place where a person should feel safe, secure, accepted, and loved. A home does not need to be large, or expensive, but it does need to be a safe haven in order to encourage family interaction and relaxation.

Child Care

It often is necessary for parents to be away from their child so they may attend school or work. Children cannot be left alone; therefore, someone else must be responsible for caring and watching over them. If competent family members are available, this can be an inexpensive solution to child care. Good child care can be expensive and difficult to find. The cost of child care for an infant can be as high as $80 to $100 a week. However, government assistance programs can provide help with child care expenses to parents who qualify.

Schooling

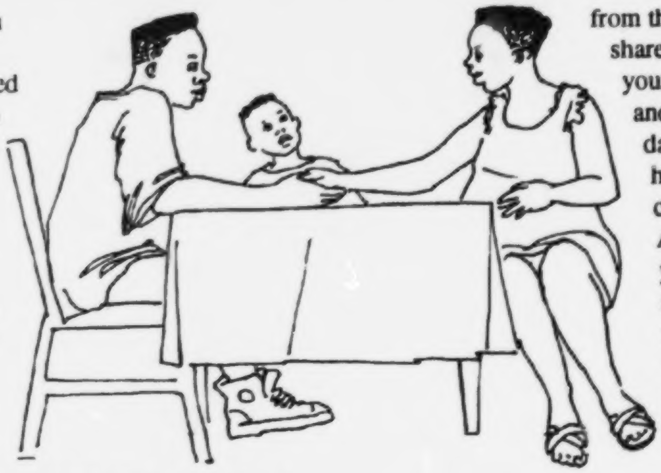
Once a child is old enough to begin school, expenses for child care may decrease, but other expenses may be incurred. Children must have the supplies necessary for them to function in the classroom. Children may need uniforms to wear to school. If children do not wear uniforms, they will need other appropriate, clean clothing to wear to school. After-school care may be needed if parents work and are unable to care for their children when school is dismissed.

The funds for these necessities must be provided by the parent, or at least be considered the parents' responsibility. In most cases, there is financial assistance available, but you, *the parent*, must take the initiative and apply for the assistance. Chapter 24 discusses options for financial assistance in more detail.

Commitments and Decisions

A ***commitment*** is a promise that you make to yourself. It is a long-term promise that requires some kind of sacrifice or change. For instance, a soccer player may promise to be the best player she possibly can be. An athlete may have to give up junk food and spending time with friends in order to practice or train for the game. A new father may promise to be the most devoted, loving, involved parent that he possibly can be. A young parent must be willing to sacrifice and change to make a lifelong commitment to parenting.

It may be difficult at this time in your life to make the total commitment necessary for rearing your child. If you feel you cannot get through another day or hour with a sick child, or a family problem is making you depressed and short-tempered, you may need to join a support group to help you through the tough times. A strong, loving group of family members and friends can help you be the successful, committed parent that you promised to be. *Parenting must be a priority in your life!*



Your decision to have a child can be considered a lifelong decision. Your child most likely will outlive you by many years. No matter what changes come about in your life, nothing can change the fact that you have a child. Your child may not always be close to you, physically or emotionally, but she or he will never cease to be your child.

Some of the major decisions you may be faced with as a parent are the following:

- Who will care for your child when you are at school or at work?
- What religious or spiritual background will your child have?
- When, where, and how will your child's formal education be administered?

Other important decisions you may be faced with as a parent are the following:

- getting a social security card for your child
- providing your child with health and life insurance
- breast-feeding or bottle-feeding your baby
- using cloth or disposable diapers
- circumcising or not circumcising your male child

Addition of Children to the Family

Considerable adjustments must be made by all family members when families grow. A new baby in the home can be stressful. The number of changes and the amount of stress will vary in every home. If you brought your new baby home from the hospital and now share living space with your parents, brothers, and sisters, the normal daily routine of your household may change drastically. As you adjust to your new role of mother or father, everyone else also will be assuming new roles like grandparent, great-grandparent, aunt, uncle, or cousin.

Preparing your family members for the arrival of your baby will help make the transition easier. A family meeting where questions can be asked and answered about the responsibilities of each member is a good idea. Keep communication between family members open by listening to the problems that are brought up and being responsive to their feelings and complaints.

At first, everyone may lose some sleep due to the baby's crying during the night. This may cause some tenseness and irritability. Staying as calm and even-tempered as possible will help family members cope with a new baby in the home.

The additional equipment and belongings (for example, a stroller, highchair, and bassinet) that accompany a baby may bother or disturb some family members. Keep the baby's "things" as organized and out of the way as possible. This will show that you are responsible and care about your baby as well as the rest of the family.

If you are breast-feeding your baby, show respect for other family members, especially males, that might be bothered by seeing you breast-feed your baby. Practice breast-feeding your baby discretely so that you and those around you are comfortable.

Points to Remember

- Many of you are already parents and may agree with the statement that "parenting is a big responsibility."
- Setting good examples and being a strong role model for your children are very important.
- The ways in which we were loved and cared for as infants and children directly affect the way we love and care for infants and children. As a result, the bonds that are formed between infants and parents are extremely crucial.
- The guidance techniques parents and other adults use usually can be classified into one of three main styles of parenting. You might use one parenting style or a combination of parenting styles, and your style of parenting may change as your child gets older or as children are added to the family.
- The parents of a child are responsible for nurturing their child even before he or she is born.
- The responsibilities of caring for a child multiply once the baby is born. A baby is totally dependent on the caregiver to provide every need, and a baby does not understand patience.
- All children need guidance. Guidance includes all of your actions and words used to influence your child's behavior.
- In addition to fulfilling the emotional and intellectual needs of children, parents also must provide financially for their children. Making certain that resources are available to feed, clothe, shelter, educate, and provide medical care for your child is not only appropriate but responsible and essential.
- Prenatal care can save money in the long run by preventing problems or by treating them as they arise. Conditions left untreated may cause more serious problems that drain the family both financially and emotionally.
- A commitment is a promise that you make to yourself. It may be difficult at this time in your life to make the total commitment necessary for rearing your child. *Parenting must be a priority in your life!*
- Considerable adjustments must be made by all family members when families grow. As you adjust to your new role of mother or father, everyone else also will be assuming new roles.

Vocabulary

Abraham Maslow's hierarchy of needs
authoritarian parents
commitment
democratic parents
guidance
legal responsibilities
Medicaid
moral responsibility
parenting
paternity
Paternity/Parenthood Project Plan (PAPA)
permissive parents
prenatal care
responsibility
self-concept

Review

1. What are some of the myths of parenthood? realities?
2. Discuss the three parenting styles, and write an explanation of the type or types you will use with your child.
3. List and give examples of the six areas of parenting responsibilities as identified in the text.
4. What are some of the parenting responsibilities of the mother during her pregnancy?
5. Describe ways in which the father can be involved in parenting responsibilities before the baby is born.
6. What are the five levels of needs that people have according to Abraham Maslow?
7. List examples of financial obligations that parents must meet, and give examples of each type of obligation.
8. Explain why it may be difficult at this time in your life to make the total commitment necessary for rearing your child.
9. Identify some of the decisions you may be faced with as a parent.
10. How can you prepare your family members for the arrival of your baby in order to help make the transition easier?
11. What parenthood role or skill do you need to improve on most? Why?

4

Communication and Resolution

Essential Element

(3) Concepts and skills related to parenthood/adult roles.
- Demonstrate communication and conflict resolution skills.(3C)

Communication is used every day by everyone, although everyone may not communicate effectively. Whether you are dealing with your child, teachers, employers, family, or friends, your ability to communicate effectively is very important.

Communication Skills

Communication is the exchange of ideas, feelings, or information by speaking, listening, reading, or writing. All of these skills are important and should be used and refined on a continual basis. Communication occurs constantly between people in either a verbal or nonverbal form. Each time you speak or act you send a message. Your facial expressions, appearance, and gestures all send certain messages.

Communication is influenced by various factors including the attitudes, personalities, perceptions, ideas, sensitivities, and communication skills of the sender and receiver. Through communication, people share ideas, exchange information, give or receive advice, and relate feelings.

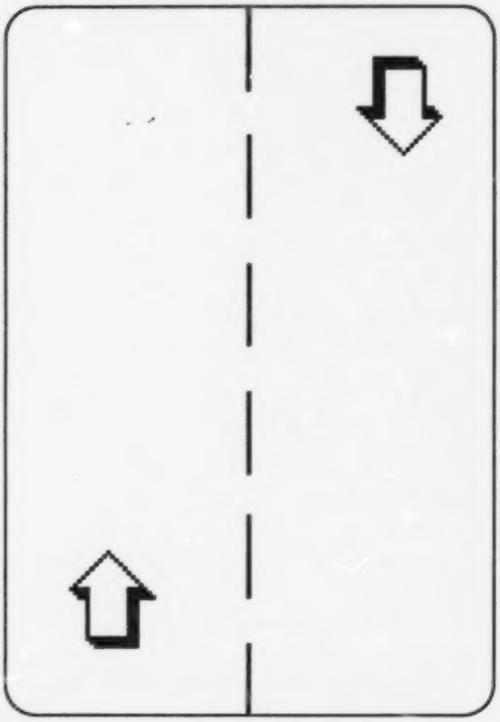
Basic to all communication is self-concept. Individuals must understand themselves before they can communicate effectively with others. Self-concept affects how and what is communicated, and communication affects self-concept.

The ability to communicate well with others is a characteristic that you already may possess. You may be able to articulate so that whomever you are communicating with clearly understands what you are saying. Many of us are capable of communicating well with others most of the time but not all of the time.

TYPES OF COMMUNICATION

Each time you speak or act, you send a message to others. Facial expressions, appearance, and gestures all send certain messages. These mes-

Communication is a two-way street.



sages must be sent in a way that the receiver will understand in order for communication to be effective. Effective communication occurs only when messages are received and interpreted correctly.

Research has shown that we spend about 70 percent of each day communicating whether it be speaking, listening, reading, or writing. Approximately 42 percent of each day is spent listening, 32 percent of each day is spent speaking, 15 percent of each day is spent reading, and 11 percent is spent writing.

Listening

Communicating verbally involves both speaking and listening skills. Someone must be listening to you speak in order for you to be communicating.

Listening is not the same as hearing. Both hearing and listening use the ear, but ***listening*** involves understanding what is heard. Learning to listen is the most vital part of communicating. You must concentrate on what the other person is saying rather than planning what you want to say. Avoid interrupting the person speaking.

If you are a good listener, you are probably a good communicator because listening involves understanding what you hear. Reasons people do not listen include the following:

- distracting interruptions such as noises from outside
- thinking about something else
- disagreeing with what the speaker says
- assuming what the speaker will say
- having difficulty hearing the speaker
- misunderstanding the speaker's words
- being distracted by the speaker (mannerisms, tone of voice, etc.)

The two basic methods of listening are passive listening and active listening. In ***passive listening***, an individual receiving information refrains from presenting his or her own views or opinions and encourages others to share their feelings and ideas. For example, you may reply to your child or other family members with phrases such as "I see" or "really" when listening. Active listening is usually more effective than passive listening and requires the listener to understand what the speaker actually means. In ***active listening***, the listener repeats what the speaker says to make sure the content of the message is clearly understood. It is important for the listener to repeat or rephrase only what the speaker says and avoid giving advice.

If you believe that you need to be a better listener, you can improve your listening skills with practice. By becoming a better listener you will become a better communicator and a better role model for your child. In order to become a good listener, practice listening skills such as the following:

- Concentrate on what is being said.
- Ignore distractions.
- Establish eye contact with the speaker.
- Allow the speaker to complete the expressed thought without interruptions.
- Ask the speaker to explain in more detail what is being said.
- Listen to the entire message rather than selected parts.

- Keep an open mind to new ideas.
- Note feelings that are not verbally expressed by the speaker such as happiness, sadness, anger, or frustration.

Speaking

Speaking skills involve using standard grammar, speaking clearly, and conveying an appropriate tone of voice. When speaking to a child, it is important to look directly at the child and establish eye contact. Your child must understand what you are trying to communicate. Avoid running words together, mumbling, and talking too fast when speaking to children or adults. In contrast to these general rules, when speaking to your infant you should use a soft voice or try talking with a melodic tone at a higher pitch. Most babies respond more positively to this type of speaking than a monotone lower-pitched voice. Babies learn very much from their parents, including many speaking skills. It is important to communicate with your baby by speaking.

Writing and Reading

Written communication skills as well as the ability to read what is written are also important. These skills are necessary for school and work and everyday activities. Many people have difficulty putting their thoughts into words. Others can communicate more easily in written communications. Writing school papers and letters and learning to take good notes in class can improve your written communication skills. Reading newspapers and books also can improve your writing skills. Writing clearly and accurately can help you when you are writing a personal letter or a letter of complaint. Doctor's prescriptions, leasing agreements, and bank loans are just a few of the important items that a parent must be able to read and understand. Reading to children from the time they are infants is important for their growth and development.

Although you may not communicate with your child in written form until she or he is older, you may need to notify others in writing about concerns involving your child. You also should be able to help your child learn to read and write.

Body Language

Communication can occur without using words. Everyone communicates messages through gestures and body movements. This type of communication is known as ***body language***. Sometimes your body language reveals messages that you are not consciously trying to convey. Figure 4.1 identifies examples of body language. Your body language should agree with what you are saying, so you are not sending mixed signals. Your body language often reveals the feeling behind your message more clearly than the words you say. Furthermore, your body language can send a false or misleading message to your listener. You should always try to be aware of what your body language is saying both when you are speaking and listening.

BODY LANGUAGE

DEFENSIVENESS - UNWILLINGNESS

- folded arms
- crossed legs
- pursed lips

FATIGUE - DISINTEREST - APATHY

- slumped shoulders
- absence of facial expression

DESIRE TO COMMUNICATE - INTEREST

- erect posture
- face to face contact
- eye contact

ANGER

- scowl
- clenched fists
- red face or neck

Figure 4.1

In order for your communication to be clear, your body language must agree with your spoken message. The more your body language and spoken words reflect the same message, the better your listener is able to interpret what you mean to say. For example, an individual sitting slumped in a chair and using a monotone voice to tell an exciting story sends a mixed message to the listener. The listener receives a message of excitement and a message of fatigue or boredom. In order to communicate a message clearly, you should use body language that sends the same message as your spoken message.

Feedback

Feedback is a vital part of good communication. ***Feedback*** is a process in which the listener and/or speaker check the meaning of a message. Feedback is important because it assures the speaker that his or her message is understood by the listener. In addition, feedback provides the speaker the opportunity to clear up a message that has been misunderstood. For example, a teacher may be explaining something and will ask the class if there are any questions. If there are no questions, the teacher may assume three things:

- that the information was communicated and understood
- that no one was listening
- that no one knew enough about the information explained to ask a question.

Asking questions is an easy way to provide or obtain feedback.

LEVELS OF COMMUNICATION

Communication occurs on five distinct levels. Each level represents a different degree to which an individual reveals herself or himself to others. When people meet, they usually communicate at a shallow level. They use phrases such as "How are you?" As people become better acquainted, they advance to deeper levels of communication. At deeper levels of communication, individuals begin to express more of their feelings and emotions.

Level five often is referred to as the cliché level since there is no sharing of emotion, and the conversation is often based on common expressions. This is the most shallow level of communication.

Level four involves only a reporting of events or facts. No opinions or feelings are expressed. An example of level four would be, "Jose and John are going to the football game tonight."

Level three includes some sharing of ideas. The speaker watches for acceptance or rejection of ideas before continuing the conversation. At level two, an honest sharing of feelings and emotions occurs.

Level one consists of complete openness and honesty. This level also is referred to as peak communication. Deepest thoughts and feelings are revealed and reactions and emotions are shared by the speaker and listener.

It is not "better" to communicate at any particular level. You will choose to use different levels of communication at different times, depending on the situation. Many times, communicating at level four or five is the most appropriate way to interact. When speaking to someone you just met in a waiting room at the health clinic, you most likely will engage in light conversation. It probably is not appropriate to share deep feelings or secrets with a co-worker you barely know. The kind of sharing and open communication which occurs at level one comes with development of intimacy with family members and close friends.

It is beneficial to recognize that there are different levels of communication. A person who communicates most effectively is one who is able to communicate at any of these levels and who can judge what is the most appropriate level for each situation. It may take some practice to be able to share and openly express your feelings and ideas.

If you tend to share "too much," you may need to stop and think before revealing deep feelings.

Remember that communication simply is a tool to help you interact with others. You can improve how you use this tool through effort and practice.

Communication Breakdown

If you do not think you communicate well with others, think about the incidents where you have trouble communicating. Do you communicate well with the policeman who has stopped you for speeding, or with your parent who is asking you to take out the garbage, or with your best friend who tells you his or her problems? Differences of opinion, physical problems, cultural differences, mixed messages, and tuning out are all examples of possible communication barriers. Understanding what situations keep us from communicating effectively can help us eliminate the causes. As a result, can you see the connection between being a good communicator and being a good parent?

REASONS FOR COMMUNICATION FAILURE

When individuals communicate, they communicate on two levels: content and relationship. When there is a breakdown on either level, communication failures can occur.

The ***content level*** refers to the actual content of the communication. The ***relationship level*** refers to how the individual views the other person, herself or himself, and the relationship with the other person. The relationship level is greatly influenced by two factors: perception and self-disclosure.

Perception refers to how a person selects, organizes, and interprets information. Even if everyone is exposed to the same information, not everyone will perceive it in the same way. Figure 4.2 represents the relationship between these factors.

Self-disclosure occurs when you voluntarily reveal personal information to another person that the person is unlikely to know or discover from other sources. Self-disclosure can occur both verbally and nonverbally. Self-disclosure is important in the development of relationships. Good relationships lead to more effective communication. Facts about self-disclosure include the following:

- Children disclose more than adolescents or adults.
- Females disclose more than males.
- Self-disclosure is reciprocal; that is, one person's sharing information may encourage the other person to share in return.

As trust in a relationship develops between two individuals, self-disclosure becomes easier.

Perception and self-disclosure can be affected by a variety of factors that can lead to communication barriers. Differences of opinion, physical problems, mixed messages, and tuning out are examples of possible communication barriers.

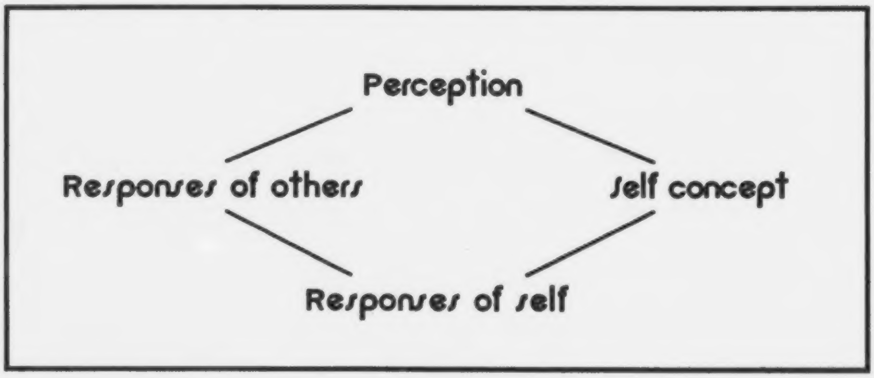


Figure 4.2

Differences of Opinion

Differences of opinion occur every day. The degree of difference can be affected by how much a person decides to self-disclose. Everyone is different, and everyone looks at things differently. Some differences are healthy, while others may lead to conflict and breakdowns in communication. Discussing differences can be beneficial for helping to clarify each person's feelings or attitudes. At other times, it is best to avoid discussing a topic or situation and agree to disagree.

Missed Meanings

Missed meanings often cause communication difficulties. Individuals may use the same words as someone else, but the words may have different meanings to each individual. Words derive their meaning from the people who use them. For example, the word "bad" may mean distasteful or unsatisfactory to one person yet mean something really good to another. Missed meanings could distort a person's perception of what another person is trying to say. Clarification of words may be necessary for effective communication to occur.

Mixed Messages

Mixed messages occur when persons do not say what they really mean. This often can be caused by a lack of self-disclosure, which distorts the message sent to others. This affects the listener's perception of what the sender is really feeling. What someone says also can conflict with body language. What an individual says should match feelings and actions in order to avoid communication failure.

Physical Impairments

Physical impairments such as impaired sight and hearing affect communication. A person who is blind or visually impaired must make special provisions to communicate—primarily in regards to written communication. Braille is a method of communication that enables the blind to read.

Deaf people and those with severe hearing impairments often have difficulty speaking clearly. Thus, sign language is beneficial for communication. Difficulties often arise, however, when others cannot understand sign language.

Shyness

Shyness can contribute to ineffective communication. People who are shy generally do not like to communicate. A pleasant greeting and conversation about things that interest the shy person can help encourage communication.

> **Communication does not begin with being understood, but with understanding others.**
>
> **– W. Steven Brown**

Tuning Out

Tuning out occurs when people are faced with too much information at one time. Television, radio, and newspapers compete for attention and can become overwhelming. Information overload often causes people to tune out the messages being sent. People also tune out things that they do not want to hear. You may tune out certain things your teachers and parents tell you. You also may practice selective listening. ***Selective listening*** occurs when a person only listens to and hears what he or she wants to hear and tunes out other communication.

Resolving Conflict

We must deal with conflict on a daily basis. Therefore, it is in your best interest to learn how to deal with conflict in the most appropriate manner. A ***conflict*** is a disagreement between people with different viewpoints or ideas. Conflict is usually thought of as being negative. However, it is the failure to deal with conflict in a productive manner that causes negative results. When you use good communication skills to handle conflict, there can be positive results. Conflict can lead to a greater respect for others when individuals listen to the opinions of others and try to understand them.

Conflicts can surface between individuals for a variety of reasons. Conflicts between children and parents are very normal. Sometimes these conflicts may be minor and have little or no long-term effect. Other conflicts can be major and leave lasting impressions on all parties involved. Most of us can remember a conflict from many years ago that made an impact on our lives. As you think about conflicts you experienced as a child, consider how you have been affected by those experiences. Keep in mind what you want your child to remember and be influenced by in adulthood. You are your child's most persuasive role model.

I-MESSAGES AND YOU-MESSAGES

When conflict arises, try to communicate using I-messages rather than You-messages. ***I-messages*** are statements that reveal how a situation makes the speaker feel. They place the responsibility for the feelings expressed on the speaker rather than the listener. I-messages are important when communicating because the listener does not feel threatened. I-messages are effective when resolving conflicts between friends, parents, children, spouses, co-workers, and supervisors. By using I-messages, you take responsibility for your part in a conflict. You do not assign blame to another person.

You-messages are statements that blame or criticize the listener. Words such as *always*, *never*, and *you* are often heard in you-messages. You-messages often make the listener feel threatened and become defensive. Conflicts are seldom resolved because each person becomes more interested in winning the argument than resolving the conflict. In a you-message, the speaker takes on the responsibility of telling the listener what to do. In an I-message, the speaker leaves the responsibility of taking action to the listener; the speaker trusts the listener to apply judgement to solve the problem. The following you-messages may sound familiar:

> "You never do anything to help around here, and I am sick of being your personal slave."
>
> "I do help you. I always pick up the clothes from the cleaners, and all you ever do is spend money."

This kind of confrontation can be hurtful and unproductive. You may know how quickly this can turn into a shouting match where there are no winners. Now, see how much more constructively a discussion can be resolved when using I-messages.

> "I would really appreciate if you could help do some of the chores like taking out the garbage and vacuuming the floor without me always having to ask."
>
> "I understand you want more help from me, and I will try to remember to do those things."

COMPROMISE

Compromise is an important part of resolving conflict. ***Compromise*** occurs when two or more people or groups make concessions and come to an agreement. You may feel like you are right and the other person is wrong. When you feel this way, try to step away from the situation for a period of time and look at the situation through the eyes of the other person. Sometimes compromising is just agreeing that you disagree.

It is seldom that we are always right and the other person wrong. Think about situations in which you have had to deal with someone who believes she or he is always right. It may be difficult to compromise with this type of person, but it can be done. Learning to respect and listen to another person's opinions and viewpoints is part of becoming a mature adult.

Points to Remember

- Communication is the exchange of ideas, feelings, or information by speaking, listening, reading, or writing.
- Many of us are capable of communicating well with others most of the time but not all of the time.
- Learning to listen is the most vital part of communicating. You must concentrate on what the other person is saying rather than planning what you want to say.
- Speaking skills involve using standard grammar, speaking clearly, and conveying an appropriate tone of voice.
- Reading to children from the time they are infants is important for their growth and development. Although you may not communicate with your child in written form until she or he is older, you may need to notify others in writing about concerns involving your child.
- You should always try to be aware of what your body language is saying both when you are speaking and listening.
- Communication occurs on five distinct levels. You will choose to use different levels of communication at different times, depending on the situation.
- Differences of opinion, physical problems, cultural differences, mixed messages, and tuning out are all examples of possible communication barriers. Understanding what situations keep us from communicating effectively can help us eliminate the causes.
- It is in your best interest to learn how to deal with conflict in the most appropriate manner.
- When conflict arises, try to communicate using I-messages rather than You-messages. I-messages are statements that reveal how a situation makes the speaker feel. They place the responsibility for the feelings expressed on the speaker rather than the listener.
- Compromise is an important part of resolving conflict. Compromise occurs when two or more people or groups make concessions and come to an agreement.

Vocabulary

active listening
body language
communication
compromise
conflict
content level
feedback
I-messages
listening
passive listening
perception
relationship level
selective listening
self-disclosure
you-messages

Review

1. Which form of communication do you use most often?
2. Which type or types of communication do you expect to use most with your child? Explain your reasoning for choosing each type of communication.
3. Why is listening such an important part of communication?
4. How can developing your speaking skills help you in resolving conflicts?
5. Sketch a drawing of a person displaying at least four of the emotions listed in figure 4.1.
6. Write a dialogue in which you and a friend deliver I-messages in trying to resolve a conflict. Now rewrite the same dialogue using You-messages. Which of the two dialogues seems to you the better way of communicating with one another? Why?
7. Describe a situation in which you had to compromise with your mother or father. How do you anticipate compromising with your child?
8. Why will having good communication skills help you in your role as a parent?
9. How can you improve your listening skills?
10. Explain the statement, "Communication is a two-way street."

5 Family Law

Essential Element

(3) Concepts and skills related to parenthood/adult roles.
- Summarize laws related to the family.(3E)

Laws that govern the family differ from state to state and change as society changes. In addition, laws that concern young people may be relatively new and complicated. Your legal rights and responsibilities as a young parent may seem difficult to understand. However, you do have rights concerning your child and the control of your child. Your child also will have rights of which you should be made aware.

In many communities there may be low cost or free legal assistance that can be obtained by young parents. ***Legal aid societies*** provide legal services on a sliding scale or based on your income. Look in the telephone directory for legal aid societies in your community. There also are private attorneys that offer pro bono legal services. ***Pro bono*** means "for the good" in Latin, and many attorneys take a limited number of cases on a pro bono basis or at no charge.

Laws that primarily focus on the family cover the following areas:

- marriage
- paternity and parental rights
- best interest of the child
- family violence
- wills
- divorce
- child support
- emancipation
- adoption

Marriage

All states view marriage as a legally binding agreement between two consenting people. Marriage should be considered a lifelong, serious commitment between a man and a woman. Neither party should be forced or coerced into a marriage contract. ***Mutual consent*** is the requirement that both people want to marry each other. This requirement is relatively new to our society. The history of marriage indicates that in some societies parents chose the mates for their children with little or no input from the future bride or groom.

The laws that regulate marriage in our society vary greatly from state to state. Generally these laws are recognized to protect the husband and wife and any children that are born to them. The ***marriage certificate*** is the legal document signed by the official who performs the ceremony. This document proves that a man and woman are legally married.

In the state of Texas, anyone under the age of eighteen must have parental consent or a court order to receive a marriage license; this means that a governing body, parent or guardian of a child under the age of eighteen who wants to be married must declare in writing that the marriage has been approved. This approval must be given either thirty days before applying for the marriage license or at the time the application is being made.

> **Success in marriage is more important than finding the right person. Being the right person is even more important.**
>
> **Elof G. Nelson**

COMMON-LAW MARRIAGE

If an unmarried couple live together as husband and wife, they may be considered married by ***common law***. The time period varies from one state to another among the states that allow common-law marriages. A marriage license or wedding ceremony is not required for a common-law marriage.

In Texas, there are two ways in which a couple may be considered married by common law. One involves a declaration of informal marriage, and the other involves living together and representing themselves as being married.

Declaration of Informal Marriage

The couple may execute a ***declaration of informal marriage*** through the Bureau of Vital Statistics of the State Department of Health. This also can be obtained from the County Clerk's office. The declaration requires that the couple provide information including name, address, date of birth, place of birth, social security number, proof of age, and proof of identity. They also must answer true or false to the following questions:

The other party is not related to me as:

a) an ancestor or descendant by blood or adoption.
b) a brother or sister of the whole or half-blood or by adoption.
c) a parent's brother or sister of the whole or half-blood.
d) a son or daughter of a brother or sister of the whole or half-blood or by adoption.

The form also contains an oath regarding the couple's desire to be married. If either individual is under age, a consent letter also is required. The form is then recorded by the county clerk.

Living Together

A common-law marriage of a man and woman also can be proved if all of the following apply:

1. the couple agreed to be married, and
2. after the agreement lived together in Texas as husband and wife, and
3. represented to others that they were married. For example, they filed their income tax return as "married filing jointly" or presented themselves to their neighbors as husband and wife.

Common-law marriage is recognized the same as a formal marriage. To dissolve a common-law marriage, you must get a divorce.

Paternity

The term ***paternity*** refers to the male parentage of a child, as well as the state of being a father. When a father legally establishes his paternity, he is acknowledging his paternal responsibility and assuring parental rights to his child.

UNMARRIED COUPLES

Giving a child the father's last name or putting the father's name on the birth certificate does not automatically declare him the legal father. The unmarried father must take steps through the court and legal system to declare his paternity. Presumption of paternity may be used as evidence in the courts when legally declaring paternity. For example, in Texas, a man is presumed to be the biological father of the child if he has married or tried to marry the mother and:

- files a written statement of his paternity of the child.
- consents in writing to be named as the child's father on the birth certificate.
- supports the child under a written promise or by court order.

In Texas (since 1989), the law states that even if the father does not marry the mother, paternity can be declared by having the father sign paternity papers. In addition, if a man receives the child into his home and treats the child as his own biological child, that man can declare paternity. If there is any conflict about who the father is, the courts will decide in the best interest of the child.

If paternity ever is questioned, a law suit can be filed by the mother, by a man claiming to be the father, or by any other person or governmental agency on behalf of the child's best interest. In the case that the father is not willing to declare, he can be ordered by the court to have required paternity testing such as blood tests and/or DNA testing. Failure to do so assumes paternity. Paternity must be established in order for the mother of the child or the child to file for support.

MARRIED COUPLES

On the other hand, couples who are legally married are automatically assumed to be the child's natural parents and are the child's legal parents. Unless the child is released for adoption, the husband and wife are responsible for providing for that child until the child becomes an adult.

ESTABLISHING PATERNITY

The benefits of paternity for both parents and children are important to understand. Paternity can be legally established through the courts or the Attorney General's office. Establishing paternity is less costly if handled through the Attorney General's office than through a private attorney. Legally establishing paternity is important for several reasons. The first and most obvious reason is economics. Lack of financial support can have a harmful effect on a child and the custodial parent. If you are the mother and single provider, you understand how important it is to receive monetary support from your child's father.

When paternity is determined, very clear guidelines can be established regarding parental visitation and child custody. Fathers may be more active in the rearing of their children if they legally have established paternity.

Parental Rights

Along with a child that you must nurture and care for, you obtain certain rights, privileges, and legal powers as a parent. These are significant aspects of parenthood, and you should take these seriously just as you take caring for your child seriously. For example, you have the right to direct the moral and religious training of your child. You also must protect and support your child by clothing, feeding, providing shelter and medical care for your child, and making sure that your child attends school. Moreover, you have the legal power to represent your child in legal action and to make other decisions of substantial legal significance concerning your child.

TERMINATION OF PARENTAL RIGHTS

If a parent ever neglects these rights, then the parental rights may be terminated involuntarily. More specifically, the rights of the parent will be terminated if the parent has committed one of the following offenses:

- left the child alone or with another person with no intention of returning
- left the child alone or with the other parent without expressing intent to return, without providing for the support of the child, and remained away for a period of at least six months

- placed the child in conditions or surroundings which endangered the physical or emotional well-being of the child
- engaged in behavior or placed the child with persons whose behavior might endanger the physical or emotional well-being of the child
- failed to support the child during a period of one year
- abandoned the child without identifying the child or furnishing means of identification, and the child's identity cannot be determined
- voluntarily, and with knowledge of the pregnancy, abandoned the mother of the child beginning at a time during her pregnancy with the child and continuing through the birth; failed to provide adequate support of medical care for the mother during the period of abandonment before the birth of the child, and remained apart from the child; or failed to support the child since the birth
- failed to enroll the child in a school
- was responsible for the death or injury of one of his or her children

In all instances, parental misconduct must be proven, and the best interest of the child must be shown.

If any of those conditions are met by the parents, possession of the child may be assigned to either an adoptive parent, the grandparents, or a governing agency—whatever is in the best interest of the child.

RIGHTS OF THE GRANDPARENT

The court may issue and enforce orders granting a biological or adoptive grandparent of the child access to the child. For example, the grandparent that is petitioning for access to a child must be the parent of a parent of the child and that parent of the child either has been sent to jail or prison or died. Also, a grandparent of a child may get possession of the child if the parents of the child are divorced or separated for three months before the parents filed the petition for divorce. If there is evidence that the child has been abused or neglected by the parent, the grandparent may have access to the child. Finally, if the child has lived with the grandparent for at least six months before the grandparents have filed a petition, then the grandparents may get possession of the child.

BEST INTEREST OF THE CHILD

The primary consideration of the court in deciding the future of the child is known as the ***best interest of the child***. The best interest of the child is what a governing body, such as a judge, determines as the most beneficial situation for the child. This situation must ensure safety along with other factors that contribute to the child's well-being. In the state of Texas, a child twelve years of age or older may submit in writing her or his choice for a legal guardian; however, this does not guarantee that the child's preference is the one the court will determine. The court also will consider the circumstances of the parents. If the parents of the child have died, the grandparents may be considered, but such consideration will not lesson the power of the court to decide in the best interest of the child.

Many times the court will interview the child in closed chambers in order to determine the child's true wishes. Sometimes a lawyer may be present at the interview, too. However, the "best interest" of the child is often hard to determine because the definition of the best interest of a child is very broad.

Family Violence

There are some occasions when a child or parent is in need of legal protection from a spouse or parent. ***Family violence***, including child abuse, is a real threat and can be frightening to those whose security and safety have been violated. Everyone is potentially a victim of another person's anger, fear, and frustration.

Family violence ranges from a young parent who does not know how to handle a crying infant to a brother who strikes another sibling to a child who assaults the parents to a husband who strikes his wife. The overwhelming reality is that family violence can occur in any place at any time to anyone.

Early marriages may result from an attempt to avoid an uncomfortable home life. The idea of getting married and starting a family may sound romantic. However, many teenagers who think that they may be ready to commit themselves to marriage have not considered the intense effort that young couples—and possibly young parents—will have to put forth. As a result, school-age parents may begin reacting negatively to situations such as a fussy baby or a tired spouse, instead of taking positive steps in such situations. For example, a sixteen-year-old mother who is not used to her toddler's curiosity may become frustrated and hit the child when the child knocks over a lamp. Hitting the child in an effort to discipline only makes the child fearful and insecure. Hitting may seem the easiest and fastest way to discipline the child; while it may seem to take care of the immediate "problem," it may add to the parents' future problems.

In another example, a young, tired father may come home from a hard day at work, resenting having a family to support. His idea of coming home to rest may not involve caring for a family. Therefore, a crying baby and a young mother who also are not used to this lifestyle may find themselves the victims of family violence from the young father.

PROTECTIVE ORDERS

If abuse is reported to the proper authorities, a child may be taken out of the abuser's custody or the abuser may be prohibited from seeing the child or spouse. In this instance, a protective order may be sent to the person committing the family violence.

A ***protective order*** prohibits an abusive parent from having custody of the abused child; this child instead may be placed in the custody of court-appointed foster parents. If a spouse is being abused, a protective order protects the abused spouse by restricting the abusive spouse from communicating with or threatening his or her spouse.

Many times, protective orders involve hearings in a court of law; on such occasions, the person who applied for the protective order requests a hearing to determine whether an act of violence has occurred. When this has been determined, a protective order is issued.

Wills

If you already have a child or are expecting one, it is very important to make a will. A ***will*** is a legal declaration of your wishes as to how and to whom you will leave personal property at the time of your death. Creating a will is important because it gives you an opportunity to think about your future as well as the future of your child. Not only are material items included in a will, but arrangements can be made concerning who will care for your child.

The first step in creating a will is listing your property and possessions. Then you can decide to whom you will leave these things. Hiring a lawyer also will help you examine the legalities of your will. Remember that low-cost or free legal assistance may be available to you.

Divorce

Divorce has become more common and accepted in our society in the past thirty years.

Approximately one out of every two marriages ends in divorce. The legal steps for ending a marriage are much more difficult than the legal steps for marrying. Divorce is also a more costly procedure because it involves attorneys. A legal step that some couples take prior to divorce is that of legal separation.

There are several reasons why couples get divorced. Among those reasons, or ***grounds for divorce***, are insupportability (which means that neither husband nor wife is at fault for the divorce), cruelty, adultery, conviction of felony, abandonment, and confinement in a mental hospital. Depending on the couple, the grounds for divorce will vary. Nevertheless, divorce is a marital issue that is a great concern for the families of the divorcing couple.

Some couples who have children may work harder at keeping their marriages together than couples who do not have children. Dealing with separation or divorce is often times very difficult for children. Therefore, it is important to tell children the truth about the situation so that they can know what to expect. It is also important to understand that children often feel that the divorce is somehow their fault and that they could have done something to prevent the divorce. These feelings of guilt are especially strong when children have heard their parents fighting about matters that involve the children. Parents need to reassure children that the divorce is not the children's fault. The relationship between the parents is the one that is changing, while the relationship between the parents and children will stay the same.

Parents must reinforce their love for their children. In addition, parents need to be sure that their actions reflect their words. Parents' emotions can be greatly affected by the divorce; as a result, they may unknowingly send mixed signals to the children. Due to the stress involved in divorce, parents may get frustrated with their children quite easily, making the children feel guilty. Parents need to make an extra effort to make the adjustment to a new lifestyle as easy as possible for the children.

One reason for making the adjustment easier for the children is that during times of separation and divorce, children often feel pressured to choose one parent over the other. A child should never have to make such a decision, and the parents should avoid making negative comments about the other parent that might influence the child to make a choice of one parent over the other.

Children may have hopes that their parents will get back together. Sometimes children will modify their behavior in hopes that this will convince the parents to stay married. This is why parents need to encourage their children to adjust.

Along with the reality of divorce comes the possibility of one or both of the parents remarrying. When remarriage occurs, the children may resent the stepparent because children may perceive the stepparent as ruining the hope for the parents ever reuniting.

CHILD SUPPORT

Many times after a divorce or separation, one of the parents has to pay a percentage of her or his monthly earnings to the other parent to help cover some of the expenses of rearing a child. The guidelines for child support for a person who makes $4,000 or less per month are quite strict. In 1989, the federal government mandated the application of statutory guidelines for ***child support***, presumably in the best interest of the child. Child support guidelines are listed in figure 5.1.

Child Support Guidelines	
1 child	20% of monthly income
2 children	25% of monthly income
3 children	30% of monthly income
4 children	35% of monthly income
5+ children	not less than the amount for 4 children

Figure 5.1

In applying the guidelines for child support, the court considers the following relevant factors:

- the income of the parent who has to pay child support
- the age and needs of the child
- child care expenses incurred in order to maintain employment
- whether either parent has actual physical custody of another child
- the amount of child support currently being paid or received by either party under another child support order
- the amount of alimony being paid or received by the parent
- the expenses for a son or daughter for education beyond secondary school
- whether the person paying child support has an automobile, housing, or other benefits provided by an employer, another person, or business
- the amount of deductions from the wage or salary income and from other compensation for personal services of the parents
- payments for health care insurance and payment of uninsured medical expenses
- special or extraordinary educational, health care, or other expenses of the guardian of the child
- cash flow from any real and personal property and assets, including business and investments
- debts assumed by either parent

Emancipation

Some of you may feel like you have the responsibilities of an adult and therefore, would like to be recognized legally as an adult. The process for doing this is called ***emancipation***. Emancipation of a minor means granting a person who is under the age of eighteen but older than fourteen the privileges and duties of an adult.

Becoming an emancipated minor can eliminate the need for parental permission involving apartment rental, work permits, and overall supervision by a parent. A minor can become emancipated by legally marrying, being involved in active duty in the military, or by going through the legal process in the courts. When declaring emancipation through the courts, you must show your ability to live separately from your parents with their knowledge, to manage your finances, and to provide your own income (other than government assistance).

Adoption

Placing a child up for adoption is a very difficult decision for birth parents to make. This decision requires a great deal of love and maturity on the part of both birth parents. ***Adoption*** is a permanent decision, and one that is made while keeping the best interest of the child and the birth parents in mind.

Adoptions can be arranged before the birth of the baby. Petitions to terminate the parent-child relationship may be filed. This legal step facilitates the placement of the newborn for adoption. After an adoption of a child, the biological parents have no legal ties to the baby. In fact, the adoptive parents are completely, legally substituted for the biological parents. The adoptive child may then legally inherit property from the adoptive parents as well as from the adoptive parents' relatives.

Any single or married adult with a good standing may adopt a child. Many times, grandparents, aunts, uncles, and stepparents petition for adoption. However, if someone who is not related by birth to the child wants to adopt the child, that person or couple must be screened thoroughly and participate in a home study conducted by a social worker, a minister, or other court authorized person. The screening process applies to relatives as well.

The child who is being placed for adoption requires a health (social, emotional, and genetic) history report that must be compiled by the birth parent, guardian, or an authorized agency (like the Texas Department of Human Services). This report also must include any history of physical, sexual, or emotional abuse suffered by the child who is being adopted.

The health history must include birth, neonatal, and other medical records; psychological, psychiatric, and dental history; a record of immunizations; and the available results of the health report. The social history of the child must include information, if known, about the past and existing relationships among the child and the child's siblings, parents by birth, extended family, and other people who have had physical possession of the child. If the child is school-aged, then information about the enrollment and performance of the child on educational testing must also be provided. Finally, the genetic history of the child must include a description of the child's birth parents, birth grandparents, and any brothers, sisters, stepbrothers, or stepsisters. Moreover, the health history (such as genetic diseases and disorders) has to be included; weight, height, hair color, and eye color are other physical descriptions needed. Information about nationality, ethnic background, and religious background also may be provided.

It is important for birth parents to research their options in regard to adoption and to choose the person or agency that most closely meets their needs. Licensed private adoption agencies, state agencies such as the Texas Department of Human Services, and persons seeking independent or private adoptions use attorneys to handle the legalities involved with adoption. Attorneys and doctors usually play important roles in the adoption process.

Open adoption is becoming increasingly popular. ***Open adoption*** occurs when both the birth parents and the adoptive parents meet and agree to the adoption. The birth parents select the adoptive parents and have control over the process until after the legal papers are agreed upon and signed. Once the agreements have been made and the papers have been signed, the birth parents must accept the decisions they have made.

Points to Remember

- All states view marriage as a legally binding agreement between two consenting people. Marriage should be considered a lifelong, serious commitment between a man and a woman. Neither party should be forced or coerced into a marriage contract.

- When a father legally establishes his paternity, he is acknowledging his paternal responsibility and assuring parental rights to his child.

- Couples who are legally married are automatically assumed to be the child's natural parents and are the child's legal parents.

- If you are the parent and single provider, you understand how important it is to receive monetary support from your child's other parent.

- Along with a child that you must nurture and care for, you obtain certain rights, privileges, and legal powers as a parent. If a parent ever neglects these rights, then parental rights may be terminated involuntarily.

- The court may issue and enforce orders granting a biological or adoptive grandparent of the child access to the child. If there is evidence that the child has been abused or neglected by the parent, the grandparent may have access to the child.

- Family violence, including child abuse, is a real threat and can be frightening to those whose security and safety have been violated. The overwhelming reality is that family violence can occur in any place at any time to anyone.

- The legal steps for ending a marriage are much more difficult than the legal steps for marrying. Divorce is also a more costly procedure because it involves attorneys.

- Many times after a divorce or separation, one of the parents has to pay a percentage of her or his monthly earnings to the other parent to help cover some of the expenses of rearing a child.

- Emancipation of a minor means granting a person who is under the age of eighteen but older than fourteen the privileges and duties of an adult. A minor can become emancipated by legally marrying, being involved in active duty in the military, or by going through the legal process in the courts.

- Adoption is a permanent decision, and one that is made while keeping the best interest of the child and the birth parents in mind. After an adoption of a child, the biological parents have no legal ties to the baby.

- It is important for birth parents to research their options in regard to adoption and to choose the person or agency that most closely meets their needs.

Vocabulary

adoption
best interest of the child
child support
common law
declaration of informal marriage
emancipation
family violence
grounds for divorce
legal aid societies
marriage certificate
mutual consent
open adoption
paternity
pro bono
protective order
will

Review

1. Why do you think minors require parental consent to marry?
2. Why is paternity an important part of family law?
3. List some of the conditions for the involuntary termination of parental rights.
4. How can a grandparent gain custody of a grandchild?
5. Describe in your own words the meaning of the *best interest of the child.*
6. Why is creating a will a sign of responsible parenting?
7. How does divorce affect children psychologically and emotionally?
8. Explain why divorce is a longer procedure than getting married. Include the significance of *child support* in your answer.
9. Why does emancipation involve more than just coming and going as you please?
10. What considerations do birth parents have to make when placing their child up for adoption?

6

Effects on Prenatal Development

Essential Element

(4) Concepts and skills related to prenatal and postnatal care.

- Outline the effects of genetics, environment, and parent's health on prenatal development.(4A)

The proper development of a fetus depends on many different factors. You can control some factors during conception and development; over other factors, you have little or no control.

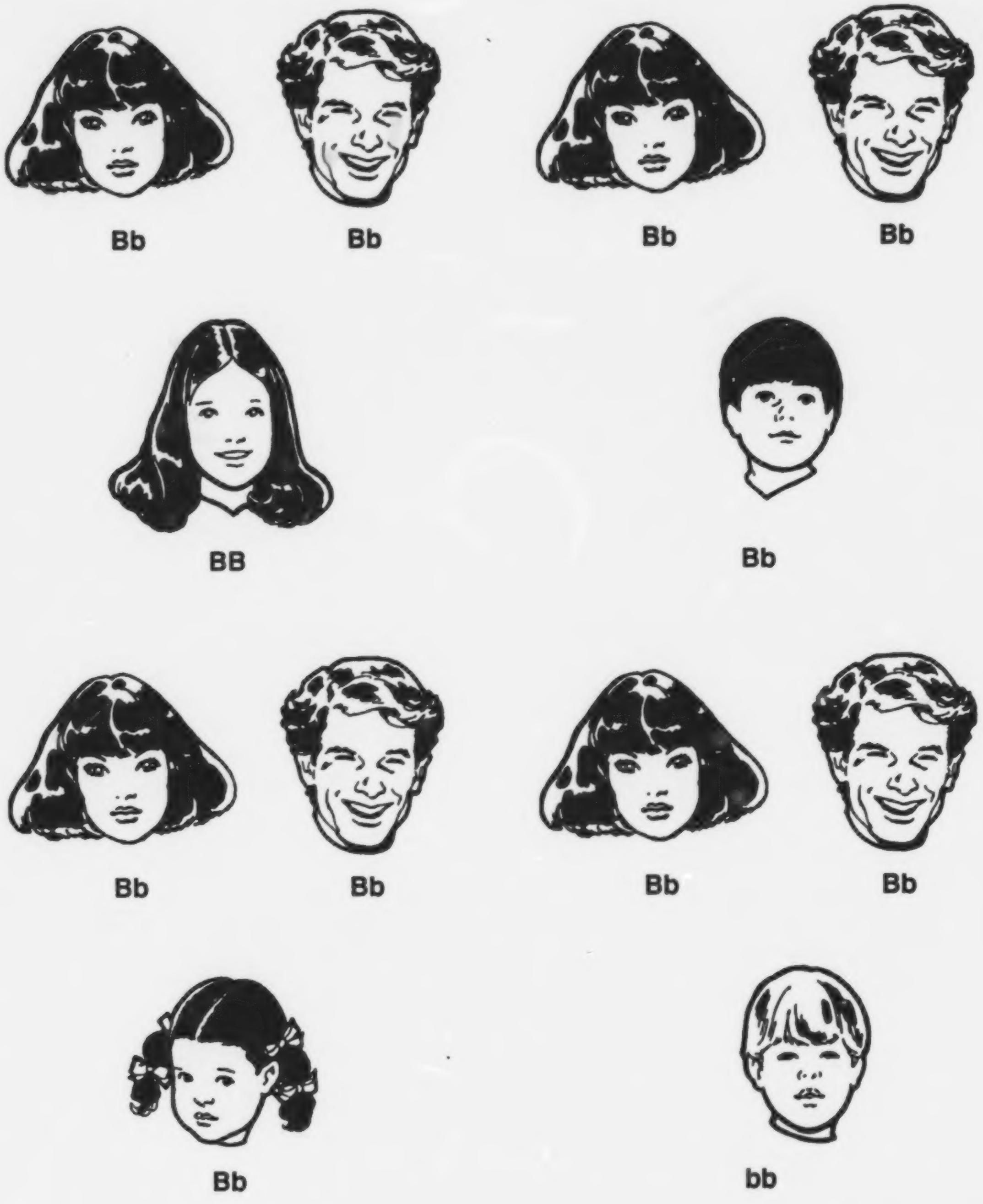
Genetics

"Will my baby be a boy or a girl?" "Will my baby look like me?" These are normal questions that you may ask. The answers are determined by the chromosomes and genes contributed by both parents.

Your baby's physical characteristics are determined at the moment of conception. The sperm has twenty-three chromosomes and the egg has twenty-three chromosomes. When the egg and sperm unite, the embryo should have forty-six chromosomes or twenty-three pairs of chromosomes, one-half from each parent. A ***chromosome*** is the tiny part of the cell that contains the genes that determine our physical characteristics. There are thousands of genes on each chromosome. ***Genes*** are the biological determinants of the characteristics or traits we inherit from our parents. While some gene pairs determine on their own the characteristics of a person, other gene pairs work together to determine characteristics. Refer to Chapter 22 for more information on chromosome development.

Our heredity is based on the combination of these genes. The two kinds of genes are dominant and recessive. A ***dominant gene*** is the stronger gene that will prevail over the recessive gene. The trait of the weaker gene or ***recessive gene*** will not be inherited unless both parents contribute the gene to the offspring.

Each parent has two genes for a characteristic. But because the reproductive cells contain only one of these genes, the child inherits one gene


Bb
Bb
Bb
Bb
BB
Bb
Bb
Bb
Bb
Bb
Bb
bb

b = blond hair gene (recessive)
B = brown hair gene (dominant)

Figure 6.1

from each parent. Two genes out of four are passed to offspring. If an offspring inherits a gene from each parent for the exact same characteristic, then the offspring certainly will display that characteristic. An example of this would be a child who receives a gene for curly hair from each parent. Since both of the genes were for curly hair, the child would have curly hair.

If both parents' gene pairs for a characteristic such as hair type are not identical, their offspring may acquire two dominant genes, two recessive genes, or one dominant gene and one recessive gene. Unless a child inherits two recessive genes from the parents, the child will display the characteristic of the dominant gene. He or she may be a carrier of the characteristic of the recessive gene. For example, if both parents have a recessive gene for red hair and a dominant gene for brown hair their baby would have to inherit both recessive genes to have red hair. See figure 6.1 for an illustration of how genes are passed to the offspring.

BOY OR GIRL?

One of the twenty-three chromosome pairs are known as the sex chromosomes. The sex chromosomes determine the gender of the child. ***Gender*** is a person's sex—either female or male. The sex chromosomes are known as X and Y chromosomes. A female has two X chromosomes and a male has one X and one Y chromosome. Therefore, the mother always passes an X chromosome to her offspring while the father can pass an X or a Y chromosome. It is the chromosome the child inherits from the father that determines the gender or whether the baby is a boy or a girl. Figure 6.2 demonstrates how gender is determined.

The X chromosome not only contains gender information, but it also can contain information regarding genetic defects that are found only on the X chromosome. The Y chromosome is thought to determine only the gender of offspring and does not contribute to genetic defects or any other traits.

MULTIPLE BIRTHS

A ***multiple birth*** is the birth of two or more infants at the same time such as twins, triplets, and quadruplets. Conception of more than one infant can occur in two ways, resulting in infants who are either identical or fraternal.

If the infants are ***identical***, they must come from a single fertilized egg in order to contain the same genetic material. It is the same genetic material that makes the infants identical. When a sperm and egg meet, a zygote is formed. A ***zygote*** is a fertilized cell that develops into a human being. The zygote undergoes rapid cell division shortly

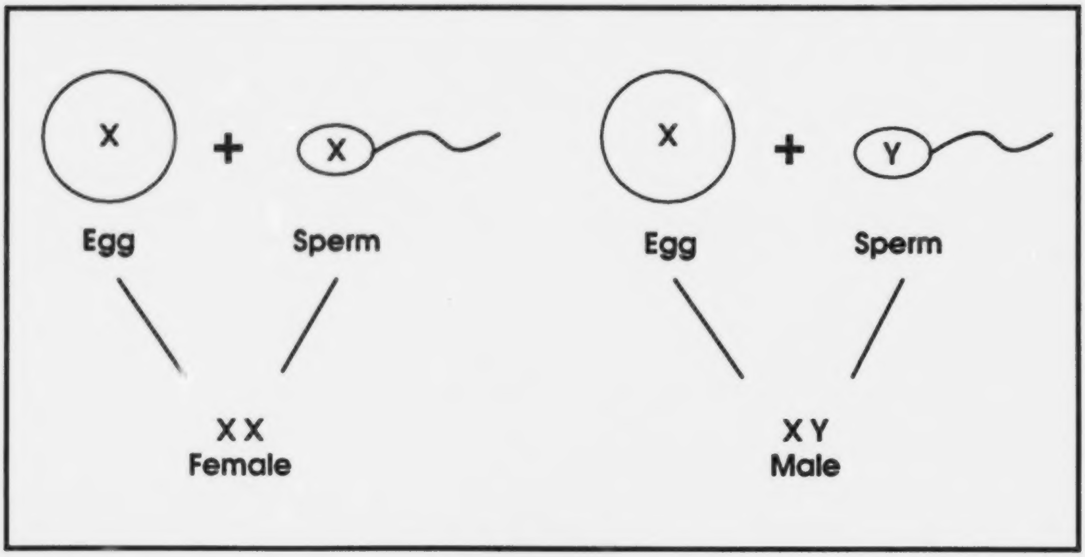


Figure 6.2

after conception to form a mass of cells. If the mass splits into two or more pieces, each piece will develop into a separate individual. When the infants develop from one egg, they always will be the same gender.

The second way a multiple birth can occur is when more than one egg is fertilized. Multiple births that occur due to the fertilization of more than one egg are known as ***fraternal***. Occasionally, an ovary releases more than one egg. It is possible for more than one of these eggs to be fertilized by different sperm. When this happens, each resulting zygote contains separate and unique

> Women who are fraternal twins may be twice as likely to conceive twins as other women. Age, race, heredity, and the number of children a woman has already had are all factors in determining the chances of having fraternal twins. The chances of conceiving identical twins do not seem to be affected by these factors.

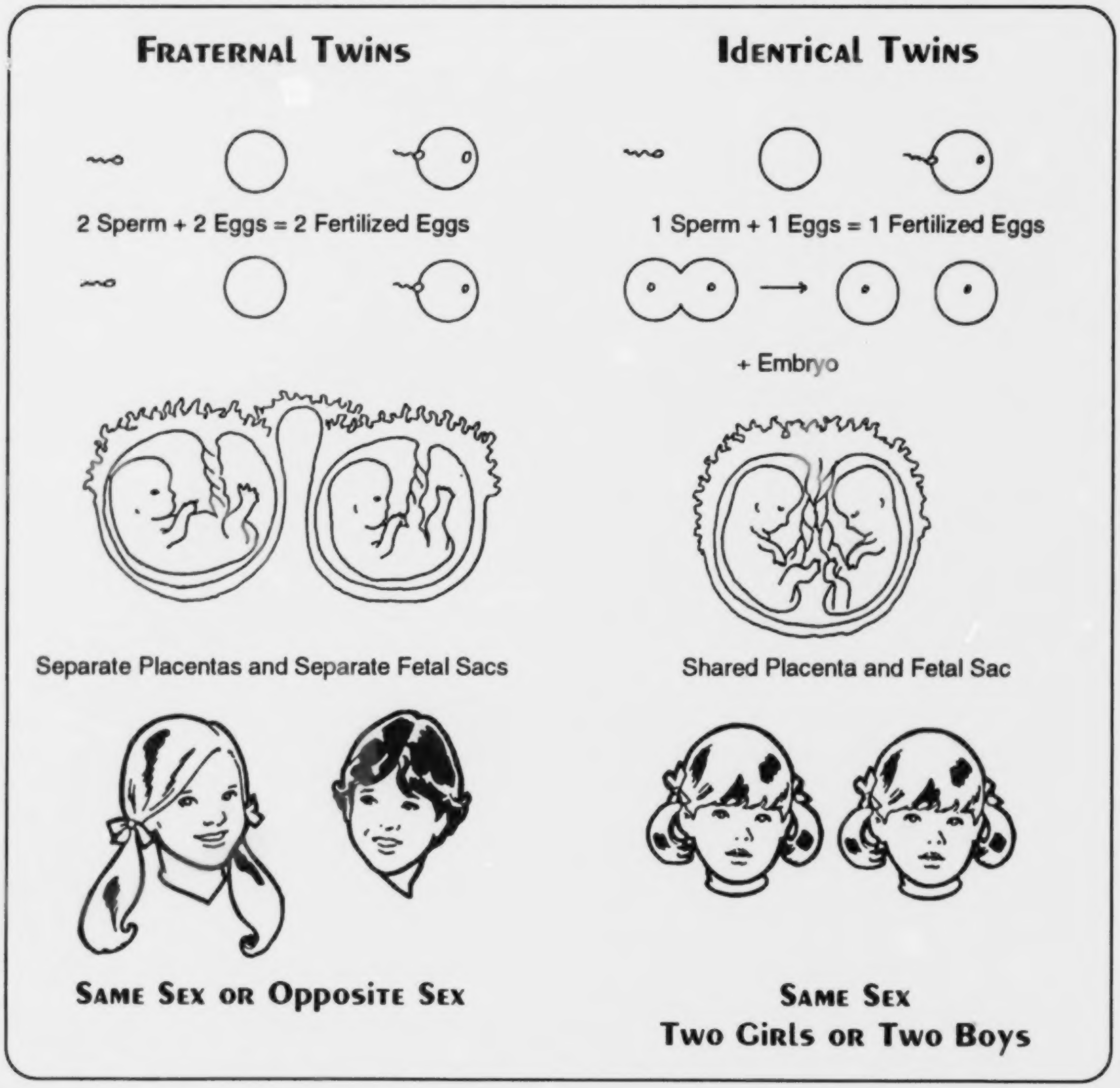

FRATERNAL TWINS
IDENTICAL TWINS
2 Sperm + 2 Eggs = 2 Fertilized Eggs
1 Sperm + 1 Eggs = 1 Fertilized Eggs
+ Embryo
Separate Placentas and Separate Fetal Sacs
Shared Placenta and Fetal Sac
SAME SEX OR OPPOSITE SEX
SAME SEX
Two Girls or Two Boys

Figure 6.3

TWIN FACTS

- If two eggs are released from the ovaries and fertilized, fraternal twins will be born.
- If one egg is released from the ovaries and fertilized and then splits, identical twins will be born.
- Twins occur in one in ninety births, and triplets occur in one in 8,000 births.
- The older a female is when she becomes pregnant, the more likely she will be to have multiple births.

genetic material because each sperm and each egg contain different combinations of genetic material. The result of this type of conception is a multiple birth in which the infants are not identical and are no more alike than brothers and sisters born at different times. These infants may or may not be the same gender. Figure 6.3 illustrates the differences between identical and fraternal twins.

GENETIC AND CHROMOSOMAL DISORDERS

Genetic and chromosomal disorders occur during conception. It is not known exactly how or why these disorders occur, but some environmental factors have been identified as possible causes. Parents who have family histories of inherited disorders may pass these disorders or defects to their children. Some of these disorders can be very serious and debilitating, while others are mild and barely noticeable. An inherited disease may affect a child from birth or may not appear until later in childhood or adulthood. Many times when the chromosomes and genes do not form and act correctly, the pregnancy will end in a miscarriage. This may be nature's way to ensure more healthy, normal pregnancies and births.

A ***chromosomal disorder*** results from too many, too few, or an abnormal arrangement of chromosomes. Down's syndrome is the most common chromosomal disorder and occurs because of an extra chromosome of the twenty-first pair. Children born with ***Down's syndrome*** have certain identifiable facial features, short limbs, a large tongue, slanting eyes, varying degrees of mental retardation, and internal defects of vital organs. Women who are older than thirty-five have significantly greater chances of having a child with Down's syndrome than women who are younger than thirty-five.

Genetic disorders can occur because of a single defective gene or many defective genes. There are many different defects that can be traced to a genetic disorder; some are extremely rare while others are not. You may have heard about or know someone who has experienced a particular genetic disorder. Some of the most common genetic disorders include the following:

- ***Cystic fibrosis*** involves functional defects of the respiratory and digestive systems. This disease can be detected before or at birth. The life expectancy of persons afflicted with this disease is twelve to sixteen years; very few live beyond the age of thirty.
- ***Sickle-cell anemia*** is a blood defect characterized by malformed red blood cells that interfere with the body's oxygen supply. Symptoms of sickle-cell anemia include tiredness, pain, and lack of appetite. Sickle-cell anemia can lead to an early death. This disorder is more prevalent among blacks, including African Americans.
- ***Tay-Sachs disease*** is caused by the inability of the body to break down and use fats. This inability is due to the lack of a chemical in the blood necessary for this process. Tay-Sachs destroys the central nervous system and causes death by the age of three. The disease is more prevalent among people of Eastern-European origin.
- ***Spina bifida*** is an incompletely formed spinal column. Varying degrees of spina bifida can cause mild to severe physical problems; however, partial but permanent paralysis is the result of this spinal-cord disorder. Diagnosis is possible at or before birth. Corrective surgery and physical therapy along with special schooling can help minimize some of the disabilities caused by the condition.
- ***Hydrocephalus*** is a disorder that often accompanies spina bifida. Characterized by an excessive amount of fluid surrounding the brain, this

disorder can cause permanent brain damage. It is diagnosed along with spina bifida and can be controlled with surgery shortly after birth.

- ***Muscular dystrophy*** involves the progressive deterioration of the muscles beginning between the ages of two and six. The muscles shrink and weaken, and death before adulthood is likely. The most common form of muscular dystrophy is called Duchenne's muscular dystrophy and only affects males.
- ***Phenylketonuria (PKU)*** is a disorder in which the body is unable to metabolize a specific protein. This disease can result in mental retardation, but the ability to diagnose this disorder at birth can lessen the effects. Many states have laws requiring newborns be tested for PKU. Placing the infant on a special diet can lessen or prevent brain damage.
- ***Hemophilia*** is a blood disorder that usually affects only males. It reduces the blood's ability to clot, thus causing severe bleeding when an injury occurs. Hemophilia is apparent and detectable even before birth. There is no known cure, but the symptoms can be treated with medication and blood transfusions.
- ***Cleft lip*** and/or ***cleft palate*** occurs when the upper lip and/or the roof of the mouth fails to fuse together leaving a gap. This gap can cause hearing impairment, speech impediment, and difficulty eating and swallowing. Surgery can help correct this defect and cure many resulting problems if performed within the child's first year of life.
- ***Congenital heart defects*** can be any type of malformation of the heart, usually affecting the blood flow through the heart. Most heart defects can be treated with surgery. The term congenital refers to a condition present at birth.

RH INCOMPATIBILITY

The Rh factor pertains to a person's red blood cells. You are either Rh positive or Rh negative. About 85 percent of the persons in the United States are Rh positive. Only 15 percent of persons are Rh negative. Rh incompatibility can occur only if the mother is Rh negative, the father is Rh positive, and the baby is Rh positive. If an expectant mother and her baby have different Rh factors, and the mother is Rh negative, they have ***Rh incompatibility***. The blood cells from the baby may pass into the expectant mother's blood stream. If this happens the expectant mother's body produces antibodies to fight the foreign blood cells. These antibodies pass through the placenta and harm the baby by destroying the baby's blood cells. The doctor will do a blood test to determine if the pregnant woman or her baby are in any danger from Rh incompatibility. Rh incompatibility is usually not a problem during a woman's first pregnancy.

Environment

For the first nine months, the baby's home is inside the mother's uterus. The uterus is intended to be a safe, well-protected haven for your baby. However, the baby can develop problems while in the uterus if the parents, and in particular the expectant mother, do not take specific precautions. As a parent you need to take these precautions to ensure the safety and proper development of your baby. To do this you must protect your baby from an unhealthy environment. The baby's ***environment*** includes all of the surrounding conditions that influence her or his development and growth. A parent has one chance to ensure that what occurs during pregnancy provides the best environment for the baby.

ALCOHOL

It is not known exactly how much alcohol can damage a baby. That is why it is important for expectant mothers to avoid drinking alcohol. ***Fetal alcohol syndrome (FAS)*** is the term used to describe the physical and mental defects suffered by children who were exposed to alcohol while in the uterus. If an unborn baby is exposed to alcohol, alcohol is absorbed by the baby and can deprive the baby of oxygen. This can cause brain damage. Often, babies exposed to alcohol weigh less at birth than babies not exposed to alcohol. Babies suffering from fetal alcohol syndrome also may have heart defects, abnormal facial features, a small head, and malformed arms and legs.

DRUGS

Table 6.1 lists some of the drugs that should not be taken by an expectant mother. An expectant mother should never take any form of illegal drug and should never take any form of over-the-

The following list is a sample of SOME of the drugs that should not be taken by an expectant mother unless prescribed by a doctor. Pregnant women should ask their health care provider before taking any type of medication or drug.	
TYPES OF DRUGS	
Prescription Drugs	
amphetamines	diuretics
analgesics	hormones
anesthetics	lithium
antibiotics	muscle relaxants
antihistamines	narcotic drugs
anti-thyroid drugs	pain relievers
barbiturates	quinine
cortisone-like drugs	steroids
decongestants	tranquilizers
Over-the-Counter Drugs	
allergy medicines (antihistamines)	laxatives
alertness aids	menstrual aids
antacids	motion sickness remedies
anti-worm medicines	nicotine
aspirin and aspirin combinations	pain relievers
aspirin substitutes (acetaminophen)	salt substitutes
asthma aids	sedatives and tranquilizers
cold medicines (decongestants)	sleeping pills
cough medicines (cough drops)	stimulants (caffeine)
diarrhea remedies	sugar substitutes (saccharin, phenylalanine)
digestion aids	tonics
diuretics	vitamins (especially vitmins D and C)
ibuprofen	weight reducing aids
iron preparations	
AN EXPECTANT MOTHER SHOULD NEVER TAKE ILLEGAL DRUGS!	

Table 6.1

counter drug or prescription medication without her doctor/health care provider's authorization and approval. The effects of drugs are particularly devastating during the first twelve weeks of pregnancy. Drugs are passed to the baby through the placenta. Imagine the baby taking the same drugs or medications the expectant mother has taken. Expectant mothers who are addicted to drugs bear children who also are addicted and who may have severe health problems.

CIGARETTE SMOKE

One of the most common reasons for low-birth weight in newborn babies is the baby's mother smoking during the pregnancy. Low-birth weight can lead to serious health problems and learning disabilities after birth. If the expectant mother smokes during pregnancy, she is more likely to suffer a miscarriage. Smoking also is associated with stillbirth and sudden infant death syndrome or crib death. It may affect the circulatory system of the fetus and slow the fetal heart rate. Recent reported studies suggest that a father's smoking alters the chromosomal structure of sperm resulting in possible birth defects.

Second-hand smoke is smoke that a person inhales from a cigarette someone else is smoking. It is believed that an expectant mother inhaling second-hand smoke may be just as damaging to the fetus as the expectant mother smoking. Until more is known about second-hand smoke, it is best for pregnant women to avoid situations in which they are forced to breathe second-hand smoke.

Once a child is born it is important to keep the air the child breathes clean and smoke free. The child may be at risk of developing pneumonia or other respiratory problems if exposed to second-hand smoke. Even if you cannot quit smoking completely, you should try to cut down, and smoke in an area away from the baby's air supply. For example, never smoke in the car with your baby. The more you smoke, the greater the risk of having an unhealthy baby.

Parental Health

NUTRITION

Eating the right food is one of the most important things an expectant mother can do to ensure having a healthy baby. Everything she eats or drinks will directly affect the unborn baby. That is a big responsibility.

A young woman may be concerned about the changes that her body goes through during pregnancy and about losing her trim figure. Pregnancy is not the time to worry about looking slim and trim. An expectant mother should not try to lose weight by cutting calories. If she does not eat enough calories, the baby will have to obtain nourishment from the fat the expectant mother's body stores. This fat changes into a form of acid called ***ketones***. If your baby has to depend on ketones for nourishment during the last three months of pregnancy, the baby's brain development can be harmed.

Eating Nutritious Foods

The expectant mother needs to eat food that is good for her and her baby. Adding nutrients as well as additional energy and calories should be the expectant mother's nutritional goal. This means staying away from foods that are high in fat and calories and that have little or no nutritional value such as candy bars, soft drinks, and potato chips.

> ***Eating for two does not mean eating two hamburgers and two large fries with two soft drinks.***

The easiest way to do this is to choose foods from the five food groups outlined in table 11.4 of Chapter 11. For detailed information on nutrition during pregnancy, refer to Chapter 11.

WEIGHT GAIN

Every woman's body is different, so there is no set amount of weight that should be gained by a pregnant woman. Generally, a health care provider or nutritionist will provide information about diet and how much weight should be gained. Most doctors recommend a weight gain of twenty to thirty pounds during pregnancy.

Watching weight gain is important for an expectant mother. Gaining weight at the appropriate stages in pregnancy is something a doctor/ health care provider will strongly advise. The rate at which weight should be gained is about 1/2 pound to 3/4 pound per week. Figure 6.4 gives a general idea of the distribution of weight gain during pregnancy.

WATER

Pregnant women, like all people, should drink six to eight glasses of water each day. You can get water in other liquids, such as fruit juices, but these can be high in calories. The expectant mother's main liquids should be water, milk, and

Pregnancy Weight Gain Distribution

increase in breast tissue	2-3 pounds or 10%
increase in blood supply	3-5 pounds or 17%
additional fluid	2.5-3 pounds or 10%
mother's fat stores	4-6 pounds or 20%
amniotic fluid	2-3 pounds or 10%
placenta	1-2 pounds or 6%
baby	7-8 pounds or 27%
TOTALS	22.5-30 pounds

Figure 6.4

fruit juices. Water is the main transportation system for nutrients as well as the most abundant substance in the body. Water helps dissolve the food that is eaten and carries the nutrients to the cells. Water also carries waste products away from the cells and out of the body.

CAFFEINE

The dangers of consuming large amounts of caffeine during pregnancy have been debated for many years. Some studies have shown an excessive amount of caffeine to be harmful to pregnant rats. More research is needed in this area. If an expectant mother cannot give up caffeine completely, she needs to limit herself to no more than 200 mg. per day. Caffeine is found in many beverages, chocolate, and some medicines. The most common sources of caffeine are coffee and tea. The amount of caffeine in coffee and tea depends on how the drink is prepared and the length of time brewed. Table 6.2 shows the amount of caffeine in different sources. It is important to read the label on any food or medication before using it.

VITAMINS

Most doctors prescribe a vitamin supplement for their pregnant patients. Even if the expectant mother believes she is eating all the right foods, it is wise for her to take the vitamins her doctor prescribes. She should not take additional vitamins that are not prescribed by her doctor. An abundance of some vitamins can be harmful to both mother and baby. Quantity does not increase quality in the case of vitamins.

Amount of Caffeine in Different Sources

Beverages	Average	Range
Coffee	**mg./5 oz. cup**	
drip	130	110 - 150
percolator	94	64 - 124
instant coffee	74	40 - 108
decaffinated coffee (brewed and instant)	3	1 - 5
Brewed Tea	40	20 - 90
Instant Tea	30	25 - 50
Hot Cocoa	4	2 - 20
Chocolate Milk (8 oz.)	5	2 - 7
	mg./12 oz. cup	
Iced Tea	70	67 - 76
Soft Drinks		Range
Colas and Cherry Colas		
Regular		30 - 46
Diet		2 - 58
Caffeine-free		0 - trace
Jolt		72
Dr. Pepper		40
Mountain Dew, Mello Yellow		52
Lemonlime, Orange, Grapefruit, Most Rootbeer		0
Chocolate	Average	Range
	mg./1 oz.	
milk chocolate	6	1 - 15
dark chocolate	20	5 - 35
baking chocolate	26	26
chocolate flavored syrup	4	4

Table 6.2

Points to Remember

- Your baby's physical characteristics are determined at the moment of conception. When the egg and sperm unite, the embryo should have forty-six chromosomes or twenty-three pairs of chromosomes, one-half from each parent.
- A multiple birth is the birth of two or more infants at the same time such as twins, triplets, and quadruplets. Conception of more than one infant can occur in two ways, resulting in infants who are either identical or fraternal.
- Genetic and chromosomal disorders occur during conception. Some of these disorders can be very serious and debilitating, while others are mild and barely noticeable. An inherited disease may affect a child from birth or may not appear until later in childhood or adulthood.
- Rh incompatibility can occur only if the mother is Rh negative, the father is Rh positive, and the baby is Rh positive. If an expectant mother and her baby have different Rh factors, and the mother is Rh negative, they have Rh incompatibility. Rh incompatibility is usually not a problem during a woman's first pregnancy.
- The baby's environment includes all of the surrounding conditions that influence her or his development and growth. A parent has one chance to ensure that what occurs during pregnancy provides the best environment for the baby.
- It is not known exactly how much alcohol can damage a baby. That is why it is important for expectant mothers to avoid drinking alcohol.
- An expectant mother should never take any form of drug or prescription medication without her doctor/health care provider's authorization and approval. Imagine the baby taking the same drugs or medications the expectant mother has taken.
- One of the most common reasons for low-birth weight in newborn babies is the baby's mother smoking during the pregnancy. It is believed that an expectant mother inhaling second-hand smoke may be just as damaging to the fetus as the expectant mother smoking.
- Eating the right food is one of the most important things an expectant mother can do to ensure having a healthy baby. Everything she eats or drinks will directly affect the unborn baby.
- Every woman's body is different, so there is no set amount of weight that should be gained by a pregnant woman. Most doctors recommend a weight gain of twenty to thirty pounds during pregnancy.
- The dangers of consuming large amounts of caffeine during pregnancy have been debated for many years. If an expectant mother cannot give up caffeine completely, she needs to limit herself to no more than 200 mg. per day.

Vocabulary

chromosomal disorder
chromosome
cleft lip
cleft palate
cystic fibrosis
congenital heart defects
dominant gene
Down's syndrome
environment
fetal alcohol syndrome
fraternal
gender
genes
genetic disorders
hemophilia
hydrocephalus
identical
ketones
multiple birth
muscular dystrophy
phenylketonuria (PKU)
recessive gene
Rh incompatibility
second-hand smoke
sickle-cell anemia
spina bifida
Tay-Sachs disease
zygote

Review

1. Explain the difference between dominant and recessive genes.
2. Define the term *chromosomal disorder*. Explain one type of chromosomal disorder.
3. Describe the cause of genetic disorders and give five examples.
4. What can result from Rh incompatibility?
5. Describe the two effects alcohol may have on an unborn baby.
6. What might be the result of illegal drug use by an expectant mother? prescription drugs? over-the-counter drugs?
7. What are the health problems a child might face from breathing second-hand smoke?
8. Should an expectant mother try to lose weight by cutting calories? Why?
9. Why is it important for pregnant women to drink plenty of water?
10. Why should a pregnant woman limit her caffeine intake?

7

Prenatal Care and Concerns of the Expectant Mother

Essential Elements

(4) Concepts and skills related to prenatal and postnatal care.

- Explain the importance of early and continued prenatal care.(4B)
- Discuss personal care and common concerns of expectant mothers.(4C)

It is important for a woman to see a doctor or other appropriate health care provider about her pregnancy as soon as possible. Adequate prenatal care is the most important factor in the development of your baby. ***Prenatal care*** is the care mother and baby receive before the baby is born.

Early prenatal care is very important for the baby's health as well as that of the baby's mother. Many of the problems that school-age mothers face during pregnancy are the result of these young women not visiting a health care provider until later in their pregnancy. Many young women try to pretend they are not pregnant. This does not help anyone—especially the baby. Yet many young women are shocked at the idea of having conceived and ignore the whole thing—sometimes for several months. A young woman who is pregnant should be under a health care provider's care at least by the time she is two or three months pregnant. The health care provider will monitor her carefully for any problems which might interfere with a healthy pregnancy.

Medical care during pregnancy and delivery is very important as well as very expensive. A young expectant mother may qualify for medical care under her family's health plan. The young woman or the baby's father may have health insurance through her or his job. In some states, the young woman may be eligible for Medicaid if she does not have health insurance. Medicaid will allow the young woman to get prenatal medical care at no cost to her or her parents.

Some communities also have prenatal health clinics where young women can get prenatal care at no charge or on a sliding scale, depending on their ability to pay.

Prenatal Health Care

Once a woman finds out she is pregnant, her whole outlook on life may change. She suddenly will be responsible for another life that is growing inside of her. Your baby cannot make decisions, so the decisions you make also will affect your baby. Making the decision to see a health care provider early in pregnancy is a decision that is good for both mother and baby.

DOCTOR/HEALTH CARE PROVIDER

It is important for the young expectant mother to feel comfortable with the health care provider she has chosen. Several types of health care professionals provide services for pregnant women. They include

- an obstetrician-gynecologist (OB/GYN),
- a general practitioner,
- a nurse-midwife, and
- a nurse practitioner.

Obstetrician-Gynecologist (OB/GYN)

A ***gynecologist*** is a doctor who specializes in the health and care of the female reproductive organs. Gynecologists perform pelvic and breast exams necessary for the detection of cancer. All gynecologists are trained in ***obstetrics***, care during pregnancy and childbirth, but not all choose to practice obstetrics. They may refer their pregnant patients to health care providers who choose to care for pregnant patients.

An ***obstetrician*** is a doctor whose specialty is the area of delivering infants and providing care for the mother before, during, and after childbirth. Obstetricians also are gynecologists.

General Practitioner

A ***general practitioner*** is a doctor who provides many kinds of care for all kinds of people. Some general practitioners, especially those in rural areas, provide care for pregnant women. The general practitioner may consult a specialist or refer a pregnant patient to a specialist if problems arise or if the expectant mother desires.

Nurse-midwife

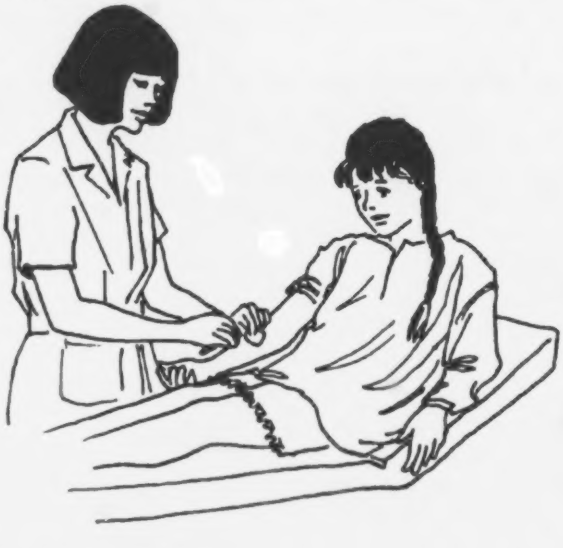
A ***nurse-midwife*** is a registered nurse that has been trained in obstetrics and prenatal care. A certified nurse-midwife provides family planning, prenatal care, labor, and delivery, as well as postnatal and newborn care. Many nurse-midwives are allowed to use hospital facilities for deliveries. Others perform in-home deliveries.

Nurse Practitioner

A ***nurse practitioner*** is a registered nurse who has received advanced education and training in a health care specialization. The nurse practitioner can carry out similar procedures to that of a doctor, but has to work under a doctor's supervision. An OB/GYN nurse practitioner provides family planning, prenatal and postnatal care, but is not prepared to provide labor and delivery services.

PRENATAL HEALTH CARE VISITS

Regular prenatal visits to a doctor or other health care provider are very important for an expectant mother. Even if a visit to the health care provider is not a pleasant experience, the expectant mother never should skip an appointment. During the first six months of pregnancy, an expectant mother probably will visit her health care provider once a month. Once the expectant mother reaches her seventh month, the health care provider will want to see her every two weeks. In the final month, she will visit her health care provider every week.



Prenatal visits may be scary and intimidating at first, but eventually the expectant mother will feel comfortable and at ease with the doctors and nurses that care for her during her pregnancy.

First Prenatal Visit

At the first prenatal visit, the expectant mother will provide the health care provider with a complete medical history to help him or her determine if any problems might arise during the pregnancy. The health care provider also asks questions about the pregnant woman's menstrual history to determine the baby's expected date of birth.

These and other questions may be personal, but it is important for the expectant mother to answer all of the questions as truthfully as possible. The information the young woman gives her health care provider is completely confidential. Some of these questions will be asked only on the first visit, while others will be asked during every visit. Figure 7.2 lists some examples of questions that could be asked by the health care providers.

Prenatal Screening

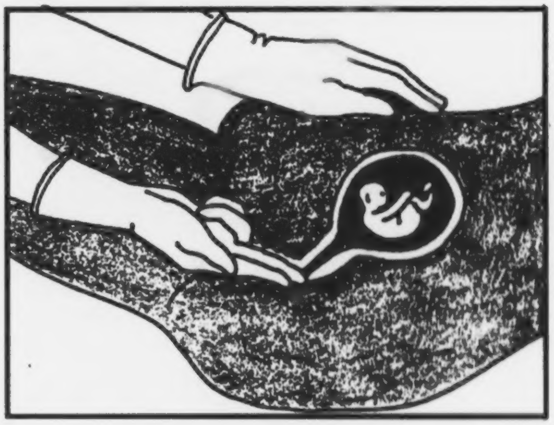
In addition to asking questions, the health care provider will give the expectant mother a routine physical examination, checking her blood pressure, weight, eyes, ears, nose, throat, teeth, heart, lungs, breasts, and abdomen. The health care provider also will do a pelvic examination.

Blood will be drawn from the expectant mother's arm for several different laboratory tests. The blood tests will show if she is anemic, has syphilis, has had German measles, and what her blood type and Rh factor are. The health care provider also will want a urine sample to be tested for diabetes, preeclampsia, kidney function, and the possibility of infection.

Pelvic Examination

A ***pelvic examination*** is a procedure during which the health care provider internally checks the reproductive organs. The health care provider will begin the exam by having the woman lie flat on her back with her knees bent. This is a simple, relatively painless exam and will be less uncomfortable if a woman tries to relax the pelvic muscles. Many health care providers will try to put the woman at ease by talking to her about an unrelated topic, playing soft music, or suggesting she take several deep breaths.

First the health care provider will check the external genitalia to make sure everything looks normal. Then an instrument called a ***speculum*** will be inserted into the vagina. This instrument holds the walls of the vagina apart so that the health care provider can shine a light inside the vagina and check for any abnormalities.



Pelvic Examination

Figure 7.1

A ***Pap smear*** is a test usually done at this point in the examination. A Pap smear is done by rubbing the cervix with a small spatula or special cotton swab to obtain a sample of the cells. This sample is sent to a lab and examined primarily for cancer of the cervix.

The speculum is then removed and the health care provider places one hand on the lower abdomen and two gloved fingers of the other hand into the vagina. The health care provider can judge the size and position of the uterus and the ovaries by feeling these organs (see figure 7.1). The health care provider also may examine the rectum by inserting a gloved finger into the rectum. This allows the health care provider to feel the uterus and ovaries from a different angle. If a woman experiences pain or tenderness during any portion of a pelvic examination, she should tell the health care provider immediately. If the pregnancy is normal, another pelvic exam usually is not necessary until the last weeks of pregnancy.

Possible Questions Asked by Health Care Providers

Q: Have you ever been pregnant before? had a miscarriage or abortion?

Your reproductive history is necessary for treating any problems that may arise.

Q: What illnesses have you and other members of your family had?

In addition to reproductive history, your complete medical history will be needed to aid the doctor/health care provider in treating you and your baby.

Q: When was your last period? What are your periods like?

This information is needed to determine the approximate due date of your baby and what prenatal care should be administered.

Q: Do you smoke? Are you around other people who smoke?

Your health care provider will need to know if your baby is at-risk from your cigarette smoke or from second-hand smoke (other people's cigarette smoke). If you do smoke, even occasionally, tell the truth. The health care provider may encourage you to quit or cut down, but will not condemn or lecture you. If you are exposed to second-hand smoke such as at your job or your home where others smoke, your health care provider may suggest ways to reduce your exposure to the second-hand smoke.

Q: Are you taking any forms of medication, such as aspirin, insulin, or birth control pills?

Your health care provider needs to know as much of your medical history as possible. If you are taking medications for certain medical reasons, your health care provider needs to know if these medications will harm you or your baby. If you are still taking birth control pills, your doctor/health care provider will tell you to stop taking the pills.

Q: Do you currently use, or have you ever used, any illegal drugs such as cocaine, marijuana, or heroin?

The health care provider must know this to determine if you and your baby are at-risk of serious health problems. The doctor/health care provider also may tell you to quit taking the drugs and describe the consequences that you and your baby may suffer if you do not quit.

Q: Have you ever had or do you currently have a sexually transmitted disease?

This information is important when deciding how your baby will be delivered and what health risks your baby may suffer.

Q: What did you have to eat yesterday?

The health care provider needs to know about your diet to make sure you are eating the healthy foods that you need.

Q: How much did you weigh before you became pregnant?

Your height and weight will be measured, but the doctor/health care provider may want to know how much you weighed before you became pregnant, so that the amount of weight you have gained can be determined. You will be weighed each time you visit the health care provider so that the amount of weight you gain can be monitored.

Figure 7.2

After the Exam

After the exam, the health care provider will discuss the pregnancy with the expectant mother, including advice on nutrition, exercise, and appropriate weight gain.

Do not be afraid to ask questions. If you do not understand the answers to your questions, or some of the words that the doctors or nurses use, do not hesitate to ask them to explain in more detail and in language you understand. During the time between visits to the health care provider, write any questions you have to remember them at the next appointment.

Other Visits

It is very important for the expectant mother to go to every doctor/health care provider's appointment. At each visit, the health care provider will check the pregnant woman's blood pressure, weight, and urine. The provider also will check the lower legs, ankles, and hands for ***edema*** or swelling and puffiness and feel the abdomen to check the size of the womb. The health care provider will want to know what the expectant mother has been experiencing and what changes have taken place. The health care provider also will record information about the health of the mother and her unborn baby to be sure everything is okay. Expectant parents should ask as many questions as they need to during the pregnancy.

COST OF PRENATAL CARE

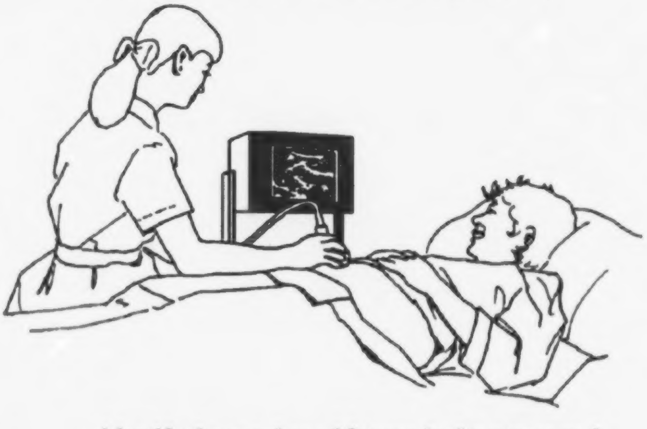
If you are concerned about how much prenatal care will cost, check with a friend or teacher about lower cost clinics and hospitals. Many private doctors charge a flat fee for all prenatal care and delivery of the baby. If the expectant mother waits to see a doctor/health care provider until she is six-months pregnant, the provider may charge her the same as if she had come in during her second month. Do not be afraid of the costs of medical care. It is more important that the expectant mother receive the proper care throughout her pregnancy than not get the care she needs because of the cost. Contact your local health department for more information on how to get affordable prenatal care.

Prenatal Testing

The knowledge of prenatal testing is continuing to grow and change. Doctors are able to perform tests to determine many things about your baby before she or he is born. Doctors even can perform surgery on babies still in the uterus. Many of the tests available today are used only when the doctor feels there is a concern or problem that needs to be checked.

ULTRASOUND

One of the most common prenatal tests is the ***ultrasound*** or ***sonogram*** as it is sometimes called. Your doctor or an ultrasound specialist may perform this test. First, special oil or jelly is rubbed on the abdomen, then a wand-like instrument, called a ***transducer***, is passed back and forth over the abdomen emitting high-frequency sound waves into the tissue. These sound waves are translated into electrical impulses which produce an image on a screen similar to a television or computer screen. From the image on the screen and the pictures that can be made from the image, a doctor can determine the size, gestational age, position, growth rate, and some abnormalities of the fetus. An ultrasound also can positively identify the number of fetuses in the uterus and sometimes can detect the gender of the fetus. An ultrasound is completely safe and painless to both the expectant mother and the fetus.



ALPHA-FETOPROTEIN

The ***alpha-fetoprotein*** test analyzes the blood of the expectant mother when she is sixteen-weeks pregnant. This analysis checks the amount of

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alpha-fetoprotein in the expectant mother's blood stream. This protein is a substance the fetus produces and passes into the expectant mother's blood stream in small amounts. If a high level of alpha-fetoprotein is detected in the expectant mother's blood, there may be a defect in the baby's nervous system or a chromosome abnormality. This test poses no threat to the baby or the expectant mother.

AMNIOCENTESIS

Amniocentesis is a test that cannot be done until the fourth month of pregnancy. It is a surgical procedure in which a hollow needle is inserted through the abdomen and into the uterus. Once in the uterus, a small amount of fluid is removed. This ***amniotic fluid*** surrounds the infant and contains information the doctor needs to determine certain genetic and chromosomal defects. Because of the risks involved in amniocentesis, it is performed only if the doctor believes there is a substantial medical reason to take the risk. Amniocentesis is usually performed on pregnant women over thirty-five with a history of genetic and chromosomal defects. Having this test can increase the risk of miscarriage and stillbirth.

CHORIONIC VILLUS SAMPLING (CVS)

Chorionic villus sampling is a test that can be done as early as eight to fourteen weeks after conception to predict any defects. This is one of the newer tests available to expectant mothers and is similar to amniocentesis. A tiny tube is inserted into the vagina reaching up to the uterus, or the cells may be obtained through the abdominal wall. There are tiny projections or villi stemming from the membrane that surrounds the fetus. A sample of these villus is retrieved and examined for chromosomal information and genetic disorders. The villi contain the same chromosomal information as the fetus.

Medical Complications

Numerous complications can occur during pregnancy. If an expectant mother suspects she is having problems, she should consult her health care provider immediately.

SYMPTOMS

Serious complications may be characterized by the following symptoms:

- vaginal bleeding
- abnormal weight gain
- severe abdominal pain
- persistent headaches
- urinary complications
- fever
- severe vomiting
- unusual and excessive swelling of the face and hands
- vision problems

Once a physician is consulted, the cause of these symptoms usually can be determined. If the expectant mother ignores these symptoms, her life and that of the fetus could be in great danger. These warning signs never should be ignored or go untreated. Table 7.1 describes several complications that can accompany pregnancy.

Vaginal Bleeding

Vaginal bleeding during the first trimester of pregnancy is often associated with miscarriage. Approximately 20 percent of women experience some vaginal bleeding in early pregnancy that does not result in miscarriage. However, if an expectant mother experiences vaginal bleeding, she should contact her health care provider immediately.

It is much less common for vaginal bleeding to occur after the twentieth week of pregnancy or the halfway point. If an expectant mother experiences vaginal bleeding after her twentieth week, it could indicate a serious complication. Refer to table 7.1 for more information.

ILLNESS

During certain stages of prenatal development, some illnesses can have a great impact on the development of the fetus. While some of these illnesses may seem harmless to the expectant mother, they can do irreparable damage to the fetus. An expectant mother should consult her health care provider for advice on avoiding illness during pregnancy.

Complications During Pregnancy

Condition	Symptoms	Effects on Mother and Fetus		Treatment
Anemia (iron-poor blood)	Mild: usually no symptoms Severe: fatigue; breathlessness; fainting, palpitations, and pale skin	Mother:	If hemorrhaging occurs, an anemic person is less able to cope with blood loss	Prescribed iron and folic acid supplements; eat food rich in iron such as liver, eggs, dried fruit, whole grains, and beef; green vegetables are rich in folic acid
		Fetus:	Lack of oxygen; lack of iron to develop blood supply—in severe cases can result in brain damage	
Ectopic Pregnancy (Fertilized egg implants outside the uterus, such as in a fallopian tube)	Vaginal bleeding; abdominal pain; cramping; dizziness; fainting	Mother:	May cause sterility if both fallopian tubes are damaged; increased chance of future pregnancies being ectopic	Immediate operation; possible removal of injured section of tube; if tube ruptures and massive hemorrhaging occurs, tube and ovary may have to be removed
		Fetus:	Development usually does not continue past the third month	
Gestational Diabetes	Unusually high amounts of sugar in urine	Mother:	May give birth prematurely	Insulin injections; modified diet; bed rest in a hospital past 32 weeks; cesarean delivery if the infant is too large to pass through the pelvic area
		Fetus:	Grows too quickly and may become too large to be carried to full term; early delivery of a large but premature infant will require special medical care	
Hydramnios	Excessive amount of amniotic fluid surrounding infant; breathlessness; indigestion or nausea; premature labor; intense abdominal pain	Mother:	May give birth prematurely	Ultrasound examination to determine severity; additional rest; possible hospitalization with sedation; medication to relax uterus to reduce chance of premature labor; amniocentesis may be used to remove excess fluid
		Fetus:	Premature infant may require special care	
Hypertension	Elevated blood pressure	Mother:	Blood pressure continues to increase; fluid begins to accumulate in the body; kidney dysfunction can occur; can develop into pre-eclampsia, eclampsia, and death	Frequent examinations, blood, and urine tests to determine proper kidney function; possible repeat ultrasound examinations to determine proper fetal development; sometimes bed rest is advised; in extreme cases, medication is prescribed
		Fetus:	Small infants with small placentas; higher incidence of fetal death	

Table 7.1

Condition	Symptoms	Effects on Mother and Fetus	Treatment
Preeclampsia	Increasingly high blood pressure; accumulation of fluid in the body; protein present in urine; puffiness in face and hands; sudden, abnormal weight gain; severe headaches; vision problems	Mother: Progression to eclampsia	Medication to control blood pressure; low-salt diet; bed rest; lying on left side to relieve major blood vessels; hospitalization; delivery of infant if near term
		Fetus: No effect unless it progresses to eclampsia	
Eclampsia - also known as toxemia (next stage of uncontrolled preeclampsia)	Same symptoms as preeclampsia plus pain in upper right portion of abdomen and seeing flashing lights; convulsions; unconsciousness	Mother: May cause death	Immediate delivery by cesarean or labor may be induced
		Fetus: May cause death	
Premature Labor	Flow of fluid from vagina; abdominal contractions	Mother: Medications given may have side effects such as increase in heartbeat, breathing problems, high blood pressure, and increase in blood sugar	Bed rest under a doctor's supervision, administration of medications that may stop premature labor
		Fetus: May have similar side effects from medications since they can pass through the placenta	
Premature Rupture of Membranes (water breaking)	Flow of fluid from vagina because membranes surrounding fetus rupture before fetus is ready to be born	Mother: Infection	Delivery if infant is near term; medication to decrease chance of labor beginning; observation due to risk of infection
		Fetus: Premature delivery	
Placenta Previa	Painless vaginal bleeding caused when placenta is positioned partly or completely over the cervix	Mother: Hemorrhaging	Cesarean section if near term; possible blood transfusion for the mother if bleeding is severe
		Fetus: Brain damage or death	

Table 7.1 (continued)

Sexually Transmitted Diseases

Contracting or having a sexually transmitted disease during pregnancy can be especially dangerous to the fetus. Having sex during pregnancy does not exclude anyone from contracting a sexually transmitted disease. An infected mother can pass the STD to the fetus which usually results in serious health problems such as eye infections from gonorrhea and chlamydia. Some STDs only affect a newborn when he or she is born through an infected birth canal. For more information on sexually transmitted diseases, refer to Chapter 2.

Personal Care

Taking care of oneself during pregnancy is very important. Eating right, exercising, keeping clean, and dressing appropriately all contribute to the health and well-being of the expectant mother and her unborn child.

EATING RIGHT AND EXERCISING

An unborn baby uses what her or his mother eats to grow; therefore, an unborn baby needs a good diet to be born healthy. Refer to Chapter 11 for more information about nutrition. Before engaging in any type of exercise, an expectant mother should consult her health care provider. The health care provider will know the pregnant woman's history and can suggest an exercise regimen if appropriate. It is recommended that a woman not start exercising for the first time during pregnancy. However, exercise can help an expectant mother stay healthy during and after her pregnancy.

BATHING

Good hygiene is especially important during pregnancy. Taking a warm bath or shower can be relaxing and soothing. An expectant mother should be careful when getting in and out of the tub or shower so that she does not slip. She may need to use non-slip rubber mats to prevent slips and falls that can occur on wet, slick surfaces. As she grows larger, her sense of balance may be off. During the last month of pregnancy a woman may want to avoid the risk of slipping in the bathtub by taking showers or sponge baths.

It is not good for any pregnant woman to soak for long periods in a hot bath or hot tub. This could raise her body temperature to a degree that may cause harm to the developing baby.

When you look your best, you feel your best.

CLOTHING

A woman should dress comfortably during her pregnancy. She might be comfortable in her regular clothing up to her fourth or fifth month of pregnancy. Or she may feel the need to wear larger, looser-fitting clothes much sooner. The expectant mother may be able to borrow maternity clothes or buy them second-hand. Often, used maternity clothes are still in good condition because they have not been worn very long. Any clothing that is too tight such as belts, boots, girdles, bras, or garters may cut off circulation. This will not only be uncomfortable but may lead to varicose veins in the legs.

Shoes

The expectant mother should try to wear shoes that are comfortable and have a medium to low heel. High heels can force her weight forward and may cause her to lose her balance and fall.

Underwear

When a woman becomes pregnant, she may notice some changes in her breasts. The breasts begin to enlarge and prepare to produce milk early in most pregnancies. As the breasts become larger it is especially important for the expectant mother to wear a supportive, well-fitting bra. Special maternity bras are available. Some maternity bras also serve as nursing bras. A ***nursing bra*** has flaps that cover the breast and allow easy access for feeding the baby. An expectant mother may be more comfortable in maternity panties, slips, and pantyhose that provide ample room for her abdomen.

Common Concerns

A woman may feel better when she is pregnant than she ever has felt before, or she may have some morning sickness or other discomforts and not enjoy this time in her life. No matter how a pregnant woman feels, she should try to take good care of herself. If something does not feel right or makes the expectant mother uncomfortable, she should ask her health care provider about it.

PHYSICAL ACTIVITY

During normal pregnancies, a woman can continue most of the physical activity she was accustomed to before becoming pregnant. If she ran five miles a day before she realized she was pregnant, it probably would be okay with the health care provider for her to continue running. If she becomes too tired, her health care provider may want her to reduce her distance. Once this woman begins to feel her balance is affected, she may need to stop running and start walking. Many health care providers consider swimming the best physical activity for pregnant women.

Some health care providers do not want their pregnant patients participating in certain physical activities or sports because of the prospect of injury to the expectant mother and the baby. These activities can include the following:

- snow skiing
- water skiing
- football
- soccer
- horseback riding
- basketball

Any physical activity that causes jarring, bumping, or falling may not be safe. The expectant mother always should check with her health care provider before participating in any sport or exerting herself physically.

TRAVEL

Traveling during pregnancy usually is fine as long as the woman is comfortable. During the last two months of pregnancy, her health care provider may not want her to travel far. This is to avoid the possibility of going into labor and delivering the baby in a place other than the planned facility. If you are planning a trip by plane you may need to check with your airline to see if there are any restrictions or special arrangements that need to be made.

When planning a trip, the expectant mother should try to anticipate how she will feel. For instance if she has been getting nauseated, she may not want to travel long distances. An airplane, car, bus, boat, or train ride could make the nausea worse. If an expectant mother does choose to travel, it is a good idea for her to get up and walk around at least every two hours. This will help avoid leg cramps and keep blood circulating.

The expectant mother always should wear her seat belt when traveling by car or plane. She should position the lap belt below the abdomen and fit the shoulder harness between the breasts and to the side of her abdomen.

PHYSICAL DISCOMFORTS

While some women go through their pregnancies with minor or no discomfort, others have a number of complaints and annoyances. Although most of the discomforts a pregnant woman experiences are not serious, it is best for her to discuss any concerns with her health care provider.

Frequent Urination

Early in her pregnancy, a woman may notice that she has to use the bathroom more frequently. This is due initially to hormonal effects on the bladder and then to the growing uterus pressing against the bladder. In the ninth month of pregnancy when the baby drops into the birthing canal, the pressure is even greater. There are no magical cures for this discomfort other than staying close to a bathroom. If an expectant mother is bothered by this during the night, she may want to decrease the amount of fluids she drinks in the evening.

Later in pregnancy, some women have problems with leaking urine caused by weak pelvic muscles and the growing baby pressing on the bladder. This may occur especially during physical activity, coughing, laughing, or sneezing. Pregnant women need to urinate often and work to strengthen pelvic muscles to avoid this condition.

Morning Sickness or Nausea

Nausea during pregnancy is commonly referred to as ***morning sickness***, although it may strike at any time of the day or night. Nausea and even vomiting are early signs of pregnancy. Nausea usually stops after about three months, when the body becomes more accustomed to all of the changes it is undergoing.

An expectant mother may want to try several different things to help control her morning sickness. Sometimes just smelling certain foods will make her nauseous, so she should avoid fried, spicy, and fatty foods and any other foods that smell or taste unpleasant. Sometimes nausea is worse when the stomach is empty. Eating several small meals during the day or eating a few crackers before getting out of bed in the morning may help.

If nausea develops into severe, frequent vomiting, the expectant mother may become dehydrated. ***Dehydration*** is the excessive loss of body fluids and may require medication and hospitalization. If an expectant mother feels that her nausea is excessive, she should contact her health care provider immediately.

Edema

Edema is the swelling of various areas of the body due to the accumulation of fluids that occur during pregnancy. Swelling most often occurs in the lower legs, feet, and hands. While cold compresses may reduce swelling in the hands, elevating the legs for an hour in the late afternoon can reduce swelling in the legs. Legs tend to swell after long periods of standing.

Heartburn

Heartburn is the result of stomach acid not progressing through the stomach, but instead flowing up into the esophagus. A bad taste in the mouth and a burning, heavy sensation in the chest are signs of heartburn. Heartburn does not affect the heart. As the uterus grows, one of the organs that gets pushed around is the stomach. To help reduce the discomfort of heartburn, an expectant mother can eat smaller meals more frequently and avoid eating several hours before going to bed. Also, taking a walk after eating and not lying completely flat while sleeping may help. An expectant mother should not take any kind of antacid without her doctor/health care provider's permission.

Constipation

The problem of ***constipation***, or not being able to have a bowel movement, is common among pregnant women. Once again, the pressure of the expanding uterus is partially to blame for this discomfort. Eating more fruit and vegetables, drinking plenty of fluids, adding bran and prunes to the daily diet, and exercising regularly can help prevent constipation. An expectant mother should not take laxatives unless recommended by her doctor.

Hemorrhoids

Hemorrhoids can be the painful result of constipation or the pressure that occurs during delivery. ***Hemorrhoids*** are swollen masses of veins at the anal opening. When the veins at the anal opening have a great deal of stress and pressure placed on them, hemorrhoids may occur. Experiencing hemorrhoids can be painful. The best cure is prevention.

If an expectant mother does get hemorrhoids, sitting in a warm bath, ice packs, and compresses soaked in cold witch hazel applied to the hemorrhoids will ease the discomfort. Once again, remember that an expectant mother should not use any kind of medication without consulting her health care provider.

Sleeping Problems

Early in her pregnancy or even before a woman realizes she is pregnant, the woman may feel tired and even exhausted. Being sure to get a good night's sleep and taking short naps in the afternoon or when the expectant mother is most fatigued can help alleviate her exhaustion.

Later in the pregnancy a woman may have insomnia or difficulty sleeping. The baby's movements and the frequent need to use the bathroom may keep her up at night. The expectant mother may sleep better if she takes a warm bath before bed, or if she exercises more during the day. Sometimes, nothing can help insomnia. An expectant mother should not take any medications for fatigue or for insomnia without her health care provider's permission.

Shortness of Breath

Due to the pressure of the enlarged uterus pressing upward on the lungs, pregnant women may experience shortness of breath. When climbing stairs or after walking short distances, shortness of breath that was not evident before pregnancy may occur.

Backache

Carrying the extra weight of the baby and the stretching that accompanies pregnancy may cause an expectant mother to have backaches. The severity of backaches can be controlled if the expectant mother's weight gain is within recommended limits. Prenatal exercises, such as the pelvic tilt, can help strengthen the back. To prevent back strain, an expectant mother also can wear low-heeled shoes, sleep on a firm mattress or waterbed, and use good posture.

Varicose Veins

Varicose veins are veins in the legs that are enlarged and uncomfortable, sometimes even painful. They occur because of the increased blood supply that is necessary to support the fetus. The enlarged uterus slows the flow of blood from the legs to the pelvis causing the legs to swell.

The discomfort of varicose veins can be lessened by elevating the legs and staying off them as much as possible. Support pantyhose also can relieve the pain. In rare, severe cases of varicose veins, surgery is necessary.

How to do the Pelvic Tilt

Stand with feet shoulder-width apart and knees slightly bent. Squeeze buttocks, tighten abdominal muscles, and tuck tailbone under. Hold for five to ten seconds, then relax. This strengthens abdominal muscles and muscles that support the lower back. It is the best protection against back pain during pregnancy and after delivery.

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Points to Remember

- Adequate prenatal care is the most important factor in the development of your baby. Prenatal care is the care mother and baby receive before the baby is born.

- It is important for the young expectant mother to feel comfortable with the health care provider she has chosen.

- At the first prenatal visit, the expectant mother will provide the health care provider with a complete medical history. These and other questions may be personal, but it is important for the expectant mother to answer all of the questions as truthfully as possible.

- Do not be afraid to ask questions. If you do not understand the answers to your questions, or some of the words that your doctors or nurses use, do not hesitate to ask them to explain in more detail and in language you understand.

- It is very important for the expectant mother to go to every doctor/health care provider's appointment. The health care provider will want to know what the expectant mother has been experiencing and what changes have taken place.

- Do not be afraid of the costs of medical care. It is more important that the expectant mother receive the proper care throughout her pregnancy than not get the care she needs because of the cost.

- The knowledge of prenatal testing is continuing to grow and change. Doctors are able to perform tests to determine many things about your baby before she or he is born.

- Numerous complications can occur during pregnancy. If an expectant mother suspects she is having problems, she should consult her health care provider immediately. If the expectant mother ignores these symptoms, her life and that of the fetus could be in great danger.

- During certain stages of prenatal development, some illnesses can have a great impact on the development of the fetus. While some of these illnesses may seem harmless to the expectant mother, they can do irreparable damage to the fetus.

- Contracting or having a sexually transmitted disease during pregnancy can be especially dangerous to the fetus. Having sex during pregnancy does not exclude anyone from contracting a sexually transmitted disease.

- Taking care of oneself during pregnancy is very important. Eating right, exercising, keeping clean, and dressing appropriately all contribute to the health and well-being of the expectant mother and her unborn child.

- While some women go through their pregnancies with minor or no discomfort, others have a number of complaints and annoyances. Although most of the discomforts a pregnant woman experiences are not serious, it is best for her to discuss any concerns with her health care provider.

Vocabulary

alpha-fetoprotein
amniocentesis
amniotic fluid
chorionic villus sampling
constipation
dehydration
edema
general practitioner
gynecologist
heartburn
hemorrhoids
morning sickness
nurse-midwife
nurse practitioner
nursing bra
obstetrician
obstetrics
pap smear
pelvic examination
prenatal care
sonogram
speculum
transducer
ultrasound
varicose veins

Review

1. List two health care professionals that provide services for pregnant women and describe their functions.
2. What might occur during an expectant mother's first visit to the doctor/health care provider?
3. List several things a doctor/health care provider looks for from a blood test performed on an expectant mother. Why?
4. What tests can be performed to detect birth defects and complications with a pregnancy?
5. Describe why a woman must be concerned if she has any of the symptoms of a medical complication during pregnancy.
6. Explain why an expectant mother should eat nutritious foods.
7. Why should an expectant mother avoid soaking for long periods in hot baths or tubs?
8. What are some physical activities in which a doctor/health care provider may not want an expectant mother to participate?
9. Why might a doctor/health care provider not want an expectant mother to travel during her last two months of pregnancy?
10. List four discomforts an expectant mother can experience and describe the symptoms. Have you or someone you know experienced any of these discomforts?

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Prenatal Development, Labor, and Delivery

Essential Elements

(4) Concepts and skills related to prenatal and postnatal care.
  - ➪ Summarize the stages of prenatal development. (4D)
  - ➪ Analyze the process of labor and delivery.(4E)

A pregnancy is sometimes referred to in periods known as trimesters. A ***trimester*** is a period of time encompassing three months. Therefore, a nine-month pregnancy is divided into three trimesters.

Stages of Prenatal Development

FIRST TRIMESTER

Prenatal development is the growth of a baby before birth. When a baby is conceived the baby begins as a single cell or egg. When the fertilized egg divides into two cells, it is called a ***zygote***. Once conception has occurred, the single cell begins to multiply. As the cells multiply they move through the fallopian tubes, where conception usually occurs, to the uterus. About five days after conception, the cells bury themselves into the lining of the uterus where they will continue to develop. At this time, your baby is not much bigger than the tip of a straight pin. The period of the zygote lasts about two weeks.

Embryo (two weeks)

Two weeks after conception, the mass of cells is called an ***embryo***, which means "young one" in Latin. During this period, the embryo grows rapidly, forming the placenta, the umbilical cord, and the amniotic sac, which contains the amniotic fluid. Your baby is now made up of thousands of cells and is still very tiny.

The ***placenta*** is the organ which develops along with the embryo to nourish the baby and carry waste products from the baby to the mother. The placenta is small and flat and attached to the wall of the uterus. It is completely developed after the first three months of pregnancy. The ***umbilical cord*** grows from the placenta and attaches to the baby at the navel. Everything your baby needs to grow and develop is passed through this cord. The ***amniotic sac*** along with the fluid that fills the sac acts as a cushion for the baby. The expectant mother's body, along with the amniotic sac and fluid, provides a safe, cushioned, temperature-controlled environment for the baby.

Embryo (four weeks)

Your baby is now about 1/4 inch long. The internal organs are beginning to form and the heart, although not completely developed, begins to beat. Small buds appear which will become the baby's arms and legs. With so many vital organs developing, you can see why it is so important for a pregnant woman to take good care of herself early in her pregnancy.

Embryo (eight weeks)

During the eighth week, tiny arms and hands begin to appear along with elbow and knee joints and fingers and toes. The genitals begin to form, and your baby begins to look like a tiny human.

Fetus (twelve weeks)

After about the second month of pregnancy your baby is no longer referred to as an embryo. The term ***fetus*** will be used to refer to your unborn infant. The period of the fetus is the longest stage of pregnancy and lasts until the end of the pregnancy. At the beginning of the fetus stage, your baby will begin to move his or her arms and legs. These movements are still too tiny for the expectant mother to feel. At this time, your baby is about 3 inches long and weighs approximately one ounce. Her or his nostrils, eyelids, lips, mouth, and teeth buds form. After the first three months, a woman has completed the first trimester of her pregnancy and has two trimesters to go.

SECOND TRIMESTER

Fourth Month

Your baby will gain four to five ounces during the fourth month of pregnancy and will grow another 3 1/2 to 4 inches. The baby's facial features become more distinctive, and he or she can swallow and may even get the hiccups.

Fifth Month

During the fifth month, your baby will grow 2 to 3 inches and more than double in weight. Your baby's hair, eyelashes, and eyebrows are starting to grow; teeth and organs continue to develop; and your baby may even start sucking her or his thumb.

Sixth Month

Your baby's body is now covered with hair called ***lanugo***. There is a white creamy coating that attaches mainly to the lanugo called ***vernix***. Vernix helps protect your baby's skin and eases the trip through the birth canal. Although the expectant mother has put on a great deal of her weight during the second trimester, the baby still has a lot of weight to gain.

THIRD TRIMESTER

Seventh Month

At the seventh month, the fetus is considered legally viable, and if a woman delivers her baby this early, the baby may survive. With new medical technology and constant advances in the field of neonatology, many babies born prematurely can survive but may suffer long-term medical problems.

Eighth Month

The fetus is gaining weight rapidly and adding body fat in the eighth month. Your baby now weighs about 2 1/2 to 3 pounds and is very active. During this month, your baby will change position in the uterus and prepare to move his or her head into the birth canal.

Ninth Month

During the final month of pregnancy you may be eager for your baby to be born. There are still a few final details that need to occur in the uterus before it is completely safe for the baby to live outside of the mother's body. Your baby might not move around as much now as in the previous months because there is less room. Your baby will gain about 1/2 pound a week until birth and will settle further down into the pelvis ready to make her or his way to the outside world. The expectant mother may feel ***lightening***—sharp, shooting pains—as the fetus drops into the pelvis. Breathing should become somewhat easier for the expectant mother now.

Calculating the Due Date

The expected due date can be calculated in two ways. These ways are gestational age and fertilization age. ***Gestation*** is the period of time that pregnancy takes place, or how long a baby needs to stay in the mother's womb before birth.

GESTATIONAL AGE

Gestational age is the method used to calculate the expected date of birth by using the first day of the mother's last menstrual period. This usually occurs about two weeks before fertilization takes place, if a woman has a normal twenty-eight day menstrual cycle. To figure gestational age, count 280 days from the first day of the woman's last period, and you should arrive at the baby's expected due date, or count back three months and add seven days. Charts that provide a gestational time table to calculate due dates are available from a doctor or other health care provider or in many baby books.

FERTILIZATION AGE

Fertilization age is the method of calculating a baby's due date from the date of fertilization or conception. Once again, if a woman has a normal twenty-eight day menstrual cycle, conception will occur approximately two weeks after her last period. If she can pinpoint the time she had sexual intercourse with the time she ovulated, the baby's due date can be determined by adding 266 days to the day of fertilization. A health care provider may not feel confident about this calculation because of the greater margin of error. The provider may refer to the progress throughout the pregnancy according to gestational age.

Onset of Labor

When you think of the meaning of the word labor, you might think about work. A woman has to work to help her baby come into the world. Although there are only about 4 inches for the baby to travel, it could take hours of labor before the baby is born.

False labor contractions, known as ***Braxton-Hicks contractions***, are mild forms of the contractions felt during labor. They may begin two or three weeks before a woman goes into labor. Braxton-Hicks contractions may feel like menstrual cramps or just an involuntary tightening of the lower abdomen. Braxton-Hicks contractions are early signals that labor will begin soon.

There are different signals that let a woman know she is about to go into labor. They can include contractions, water breaking, or mucous plug passing. A woman may have one of the signs or all of them. They all may be very distinctive or they may overlap and occur at about the same time. It is important for the expectant mother to contact her doctor/health care provider when any of the true signs of labor begin.

CONTRACTIONS

If a pregnant woman has felt any Braxton-Hicks contractions she has an idea of what contractions feel like. She will know true labor pains by how long they last and the fact that the contractions grow stronger rather than weaker. A ***contraction*** is the involuntary tightening of the muscles surrounding the uterus. This tightening usually begins at the top of the abdomen, directly under the breasts, and flows downward toward the vagina.

> **Birth is**
> **not one act.**
> **It is a process.**
>
> **— Erich Fromm**

Timing Contractions

Contractions usually begin as mild cramping and can be from fifteen to thirty minutes apart. Although it is uncommon with a first child, contractions could begin as close as three to five minutes apart. Determining when the contractions begin and how long each one lasts is important information. An expectant mother's health care provider will want to know how far apart her contractions are when someone calls to announce her labor has begun. It can be helpful if her partner, or labor/birthing coach, helps time contractions. To time contractions, begin when the contraction starts and count the time until it is over, and then note the time when the next contraction begins. Knowing the time between contractions will help the doctor/health care provider determine how long it will be before your baby is born.

WATER BREAKING

Another sign of labor is the breaking of the bag of amniotic fluid, also known as the ***water breaking.*** This fluid has protected your baby for nine months; now the baby is ready to be born and the fluid is no longer needed. This is not painful to the expectant mother or her baby, but it could be uncomfortable for the expectant mother.

The water may gush from the vagina or just trickle out. In either case, a pregnant woman needs to contact her doctor/health care provider immediately. The health care provider may want to know how much fluid a pregnant woman has lost and if it had an odor or color. Normally the fluid is clear and non-odorous. To avoid any chance of infection or complication, the doctor/health care provider probably will want to deliver the baby within forty-eight hours of when the water breaks. If a pregnant woman's water does not break naturally, her health care provider may have to break it for her during labor.

MUCOUS PLUG PASSING

The baby has been safely enclosed in the mother's body for the past nine months. A plug of mucous has been covering the opening from the mother's vagina into the uterus. This opening is called the ***cervix***. This mucous has acted as a plug in the pregnant woman's body. When a baby is close to being born, the plug is no longer needed. The cervix begins to expand and the mucous plug flows out of the body. It may appear as a pink (due to a small amount of blood) discharge, or a woman may not notice it at all.

Stages of Labor and Delivery

There are three distinct stages of labor: the opening of the cervix, the delivery of the baby, and the expulsion of the placenta. Each one of these stages will be explained in detail. Remember that the process of labor and delivery is unique to the individual and will not be exactly like another person's experience. The more knowledgeable a woman is about the birthing process, the less traumatic it will seem.

FIRST STAGE

The first stage of labor is the longest and may last ten to twelve hours. If a woman is giving birth for the first time, the first stage of labor usually lasts longer than average. This stage of labor may be shorter if a woman already has given birth to a child.

During the first stage of labor the cervix will dilate. ***Dilation*** is when the opening of the cervix stretches in order for the infant to pass into the vagina. The cervix is about 1/2 to 3/4 inch long and almost closed at the beginning of labor. In order for a baby's head to pass through the cervix, the cervix needs to dilate to 10 centimeters or 4 inches. The contractions press the infant against the cervix causing the cervix to open slowly. As this happens, the cervix will become very thin and merge with the walls of the uterus. This is called ***effacement***.

SECOND STAGE

Once the cervix is completely dilated, the second stage of labor begins. The baby's head pushes through the birth canal. A woman will begin to feel strong contractions at this point that will help push the baby through the birth canal. She may have a strong urge to push. If a pregnant woman has been given pain medication, she may not feel the contractions or the urge to push. In this case, her doctor will watch a monitor that shows when she is having a contraction and the doctor will tell the woman when to push.

Crowning is the term used to describe the sight of the baby's head coming through the birth canal. Once the baby's head can be seen, he or she is almost ready to be born. If a doctor feels that the baby needs some help progressing through the birth canal, the doctor may use forceps to ease the baby's head out of the vagina. ***Forceps*** are long, metal tongs which are inserted into the vagina and placed on either side of the baby's head (as shown in figure 8.1). The doctor uses the forceps to pull the baby to assist in delivery. When forceps are used by a skilled doctor, your baby will not be harmed.

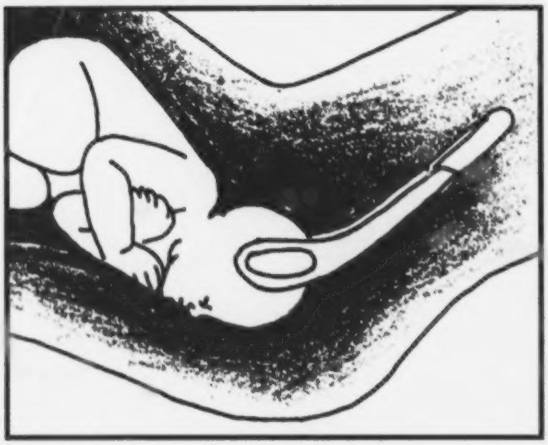


Figure 8.1

An alternative to forceps is a small cup attached to a vacuum pump. The cup is attached to the baby's head and the baby is pulled through the birth canal.

Episiotomy

It is during the second stage of labor that the doctor will decide whether or not to perform an episiotomy. As the baby's head presses on the vaginal opening, the doctor will decide if that opening needs to be enlarged. If the doctor can see that the baby's head will tear the skin as the baby emerges from the birth canal, the doctor will perform an ***episiotomy***, making a small incision between the vagina and the anus. There is some controversy as to the necessity of an episiotomy; however, most doctors in the United States have been trained to use the episiotomy. If forceps are needed during the delivery, an episiotomy is performed first. An expectant mother should discuss the necessity of an episiotomy and forceps with her doctor prior to labor.

THIRD STAGE

Once the baby is born, a woman may feel such a sense of relief and accomplishment that she does not realize her body still is working to expel the placenta. Remember, the placenta has provided the baby's nourishment in the uterus. The woman's body no longer needs the placenta so it must be removed. Sometimes the placenta is called the ***afterbirth***. A woman may need to push to expel the placenta as her doctor/health care provider tugs on the umbilical cord and pulls it through the vagina. If the placenta cannot be delivered normally and the woman has not received any pain medication, at this point, she will receive anesthesia and the doctor/health care provider will remove the placenta. During a normal delivery, a woman may be so engrossed with her new baby that she may not pay much attention to what occurs during the third stage of labor.

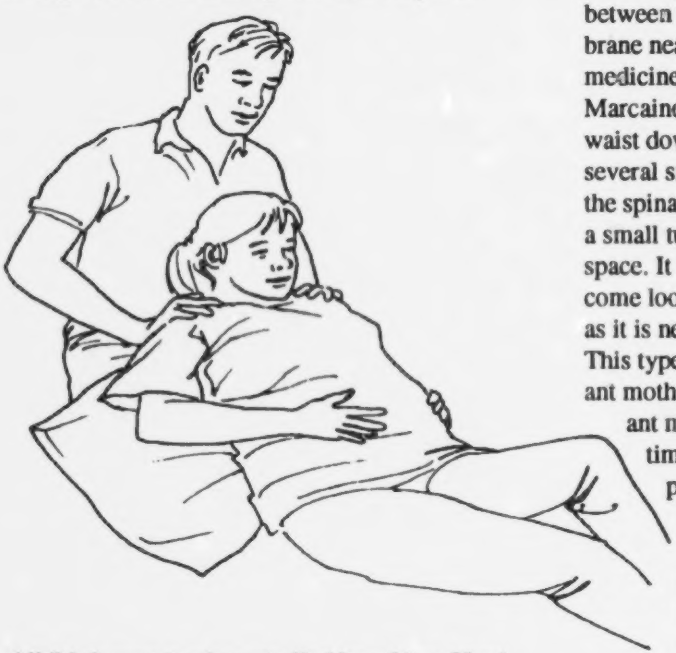
Childbirth Options

Today, you have a variety of options when considering how and where your child will be born. The father is able to be much more involved in the birth of the child than he was in the past. Years ago, fathers did not witness the births of their children. They stayed in the waiting room of the hospital or in another room of the house for someone to come and tell them about the birth of the infant. Now it is a common sight for fathers to be with the mothers throughout labor and delivery.

Some of the birthing practices from which you can choose today include the following:
- prepared childbirth
- childbirth with medication
- cesarean section
- birthing centers
- hospitals

PREPARED CHILDBIRTH

Prepared childbirth is the type of birth for which the parents or the mother and a labor/birthing coach have been trained in order to alleviate much of the fear and pain associated with childbirth. With prepared childbirth classes, you learn exercises and breathing techniques to make delivery easier. You also learn about labor and delivery through films and reading material. Prepared childbirth may teach controlled breathing. Used correctly, ***controlled breathing*** can help the expectant mother tolerate discomfort, relax during labor, and help the uterus work more efficiently. It is helpful for the expectant mother to have a ***labor/ birthing coach*** to assist with her breathing during labor. One popular method that advocates prepared childbirth is the ***Lamaze method***.



CHILDBIRTH WITH MEDICATION

Many expectant mothers cannot tolerate the pain that comes with having a baby. Pain relievers can be administered to make an expectant mother feel more comfortable; however, it is rare for a pregnant woman to receive an anesthetic that renders her completely unconscious unless it is for an emergency cesarean section. Most women want to know what is happening during the birthing process. The variety of pain relievers used during labor and delivery have advantages and disadvantages. An expectant mother should discuss all methods of pain relief with her doctor/health care provider prior to going into labor.

Lumbar Epidural Anesthesia

A ***lumbar epidural anesthesia*** is probably the most widely-used method of pain relief during labor and delivery. An epidural is a medication that is injected into the lower spinal column between the outer membrane and an inner membrane near the spinal cord to stop the pain. The medicine used is some form of Xylocaine or Marcaine that deadens or numbs the body from the waist down. This type of medication consists of several small amounts of anesthesia released into the spinal column. At the time of the first injection a small tube called a catheter is left in the epidural space. It is taped flat to the back so that it does not come loose or protrude. The medicine is released as it is needed through a tube and into the catheter. This type of anesthetic is safe for both the expectant mother and the baby. It also allows the expectant mother to be alert and awake the entire time. Epidurals are not given until labor has progressed and the cervix has dilated to four centimeters or one to two inches. The expectant mother is given intravenous fluid through a vein to keep her blood pressure from dropping dangerously low.

Caudal Anesthesia

Caudal anesthesia is very similar to the epidural. The medicine is injected into the same space, but closer to the tailbone. This anesthesia does not numb as large an area of the body as the lumbar epidural.

Spinal Anesthesia/Saddle Block

Spinal anesthesia, also known as a saddle block, is very similar to an epidural except that it is one large injection of medicine rather than a series of small doses of medicine. The medicine is injected directly into the fluid of the spinal column rather than under the outer membrane of the spinal cord. It is given right before delivery. This anesthesia is called a ***saddle block*** because it primarily blocks pain to the area of the body that would be touching a saddle if you were riding a horse. A disadvantage to spinal anesthesia is that it can give the woman a painful headache, and it can lower her blood pressure like the epidural and caudal anesthetic.

Pudendal Block

A ***pudendal block*** is an anesthesia given to many women who have had no other medication during labor and delivery. It is an injection of medicine which numbs the premium area, or the area where the baby will emerge from the body. The injection is given directly into the vaginal wall, just before the baby is delivered. This medication often is given before an episiotomy is performed to relieve the pain of the episiotomy.

Paracervical Block

The ***paracervical block*** is injected much like the pudendal block. The medicine is injected into both sides of the cervix where the vagina and the cervix meet. This type of anesthesia affects the baby more than others. The baby's heart rate tends to slow. For this reason, the paracervical block is not widely used.

Narcotics

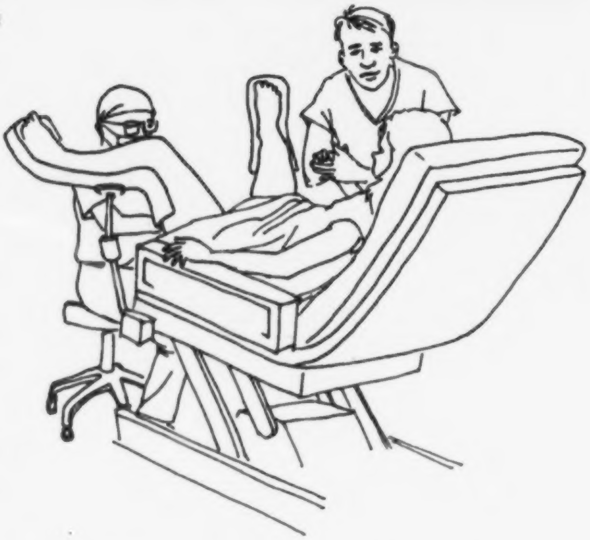
Narcotics are drugs taken by injection to provide pain relief during the first and second stages of labor. Narcotics also can be administered by the expectant mother inhaling the drugs through a face mask. Some of the more common narcotics administered during child birth are Demerol and Stadol. These drugs can cross the placenta and have a negative effect on the fetus.

Sedatives

Sedatives or ***barbiturates*** can be given orally or by injection to an expectant mother who is extremely anxious and unable to rest or relax during labor. These drugs do not relieve the pain; however they do relieve tension and cause drowsiness. These drugs also can cross the placenta and will have a negative effect on the fetus.

Tranquilizers

Tranquilizers such as Vistaril and Nembutal are given for similar reasons as sedatives. In addition, many of these drugs are given to offset the side effects of narcotics and to help a smaller amount of narcotic work better so there are fewer side effects.



General Anesthetic

If a ***general anesthetic*** is administered, the expectant mother becomes completely unconscious. This procedure is administered by a skilled anesthesiologist, and a face mask is used. This type of anesthesia is used in extreme cases of some cesarean births or difficult vaginal births. General anesthesia can be dangerous to the expectant mother and the newborn.

CESAREAN DELIVERY

A ***cesarean section***, or ***c-section***, is the delivery of a baby through a cut in the abdomen and uterus. This type of procedure is used when the survival of the infant or the expectant mother is in jeopardy. Cesarean sections are performed in 20 percent of births and are relatively safe and free of complication. Some of the following reasons may cause a cesarean delivery to be necessary:

- premature baby
- baby is too large
- failure to dilate
- the expectant mother's vagina and/or pelvis is too small
- baby is in an abnormal position
- chance of infection from the vagina
- multiple births
- prolonged labor

- fetal distress
- illness of the expectant mother such as diabetes or high blood pressure

Some expectant mothers will be aware of their need for a cesarean long before birth, while others may have an emergency cesarean section when problems occur during labor. In either case, a cesarean delivery is a major operation. It takes more time to recover from a cesarean delivery than from a vaginal delivery. If a pregnant woman has a cesarean section, she should plan for a slightly longer hospital stay and a slower rate of recovery at home than if she delivered vaginally.

Breech Birth

A ***breech birth*** occurs when the baby's feet or bottom are turned to come out first. During a normal delivery the baby's head places pressure on the cervix causing it to dilate, but in a breech birth, the baby's feet or bottom cannot place enough pressure to dilate the cervix. Many health care providers recommend a cesarean section when a breech birth is imminent.

BIRTHING CENTERS

A ***birthing center*** is a setting that can be a cross between home delivery and a hospital setting. Some birthing centers may be associated with hospitals, but others may be independent. In a birthing center, rules regarding visitors and delivery are not as strict as those in a hospital.

The atmosphere is as much like home as possible while still offering more medical care than is available for home deliveries. However, birthing centers still may not be as well equipped or staffed as a hospital to handle emergencies and complications.

HOSPITALS

Hospitals are the most common places for giving birth. Over the past several years, many hospitals have changed their methods and procedures regarding labor and delivery. Many hospitals now allow a variety of choices regarding the birth of a child.

Birthing rooms are now available in which labor, delivery, and recovery occur in the same room so a woman does not have to be moved during the birthing process. Different positions for labor and delivery also are being recommended by many health care professionals. Instead of lying on her back, the expectant mother may lie on her side during labor or be in an upright sitting position during labor and delivery. She may even be encouraged to stand, kneel, or squat for the delivery.

Hospitals also allow parents to have other family members present for the delivery if they wish to do so. A home setting is emphasized in many hospitals with the availability of large, spacious rooms resembling bedrooms in someone's home rather than a typical hospital room. Hospitals also may offer the option of rooming, in which the new infant is allowed to stay in the room with the mother instead of in a nursery.

Points to Remember

- A trimester is a period of time encompassing three months. Therefore, a nine-month pregnancy is divided into three trimesters.
- After about the second month of pregnancy your baby will no longer be referred to as an embryo. The period of the fetus is the longest stage of pregnancy and lasts until the end of the pregnancy.
- When you think of the meaning of the word labor, you might think about work. A woman has to work to help her baby come into the world. Although there are only about 4 inches for the baby to travel, it could take hours of labor before the baby is born.
- There are different signals that let a woman know she is about to go into labor. They can include contractions, water breaking, or mucous plug passing.
- Remember that the process of labor and delivery is unique to the individual and will not be exactly like another person's experience.
- In order for a baby's head to pass through the cervix, the cervix needs to dilate to 10 centimeters or 4 inches. The contractions press the infant against the cervix causing the cervix to open slowly.
- Crowning is the term used to describe the sight of the baby's head coming through the birth canal. Once the baby's head can be seen, he or she is almost ready to be born.
- Once the baby is born, a woman may feel such a sense of relief and accomplishment that she does not realize her body still is working to expel the placenta. The woman's body no longer needs the placenta so it must be removed.
- Today, you have a variety of options when considering how and where your child will be born. The father is able to be much more involved in the birth of the child than he was in the past.
- Pain relievers can be administered to make an expectant mother feel more comfortable; however, most women want to know what is happening during the birthing process. An expectant mother should discuss all methods of pain relief with her doctor/health care provider prior to going into labor.
- A cesarean section, or c-section, is the delivery of a baby through a cut in the abdomen and uterus. This type of procedure is used when the survival of the infant or the expectant mother is in jeopardy.
- Hospitals are the most common places for giving birth. Over the past several years, many hospitals have changed their methods and procedures regarding labor and delivery. Many hospitals now allow a variety of choices regarding the birth of a child.

Vocabulary

afterbirth
amniotic sac
barbiturates
birthing center
birthing coach
Braxton-Hicks contractions
breech birth
c-section
caudal anesthesia
cervix
cesarean section
contraction
controlled breathing
crowning
dilation
effacement
embryo
episiotomy
fertilization age
fetus
forceps
general anesthetic
gestation
gestational age
labor/birthing coach
Lamaze method
lanugo
lightening
lumbar epidural anesthesia
narcotics
paracervical block
placenta
prenatal development
pudendal block
saddle block
sedatives
spinal anesthesia
tranquilizers
trimester
umbilical cord
vernix
water breaking
zygote

Review

1. Discuss prenatal development during the first trimester.
2. Explain prenatal development in the second trimester.
3. What developmental stages does the fetus go through in the third trimester?
4. May 7 is the first day of the expectant mother's last menstrual period. Approximate her due date using both the gestational age and fertilization age methods.
5. What three signs may occur to let a woman know she is entering labor?
6. Discuss the stages of labor and delivery.
7. When might a doctor/health care provider choose to perform an episiotomy?
8. What is the most widely-used method of pain relief during labor and delivery?
9. List three types of medication used during childbirth and explain how each is used.
10. Name five reasons a pregnant woman may have to have a cesarean section.

9

Neonatal and Postnatal Care

Essential Elements

(4) Concepts and skills related to prenatal and postnatal care.
  - Determine neonatal care essential to the well-being of the child.(4F)
  - Describe postnatal care essential to the well-being of the mother.(4G)

Postnatal care is the care that a woman receives from birth to six to eight weeks after giving birth. This is more commonly known as the ***postpartum period*** for the mother and the ***neonatal*** or ***newborn period*** for the child.

Neonatal Testing

Your infant will be thoroughly checked by the doctors and nurses in the hospital immediately after birth. Your baby will be weighed and measured from head to toe, and the circumference of his or her head will be measured. The genitals will be checked for any abnormalities. The hips and jaw will be checked for any dislocation, and the mouth will be examined to make sure there is no sign of cleft palate. A ***cleft palate*** is a gap in the roof of the mouth, or palate, that causes problems with eating, swallowing, speech, and appearance.

Immediately after delivery, your baby will be given a test called the Apgar test. This test is given during the first minute after birth and again five minutes after birth. The ***Apgar test*** checks the baby's heart and respiration rates, reflexes, muscle tone, and color. Table 9.1 shows the Apgar scale. A score of ten indicates that the infant is in the best condition possible. A score of seven through nine means that the infant is in good condition, while a score of four through six indicates fair condition. An infant who scores zero through three is in poor condition and may need special medical attention.

In addition to the Apgar test, infants also must be tested for hypothyroidism and phenylketonuria (PKU). ***Hypothyroidism*** refers to a thyroid deficiency. ***Phenylketonuria (PKU)*** refers to a condi-

Apgar Scale

	Score		
	0	1	2
Heart Rate	Not present	Less than 100 beats per minute	More than 100 beats per minute
Respiration	Not present	Slow, irregular breathing	Strong cry/even, regular breathing
Muscle Tone	Limp	Some movement of extremities	Active motion
Reflex Response	Not present	Frown/grimace	Sneeze/cough/cry
Color	Blue or pale	Blue hands/feet	Pink

Table 9.1

tion where the body is unable to process and use (metabolize) a specific protein. These tests are required by law in most states and can be done by screening a small amount of blood that is taken from the infant's heel. Some babies may need to be tested again a couple of weeks after birth. For more information about these and other genetic disorders, refer to Chapter 6.

Neonatal Care

When your baby finally arrives, you probably will be overwhelmed with feelings of relief, joy, happiness, and pride. A great deal of care must now be given to your baby so that the adjustment from the womb to the world is as smooth as possible. The special care that a newborn receives during the first month to six to eight weeks of life is called ***neonatal care***.

In addition to the neonatal care that your baby receives, there will be several important decisions that you will need to make. Decisions regarding your baby's birth certificate, your baby's name, how your baby will be fed, and whether or not your baby boy will be circumcised are just a few of the decisions you probably will make. It is likely that you have been thinking about some of these decisions for some time and already may know what you plan to do in each case. However, if you are unsure about any of these decisions, ask the doctor for advice.

BONDING

During the first month of life and in the months that follow, it is important that you bond with your baby. Bonding includes holding, feeding, stroking, rocking, singing, and speaking to your baby. Your baby is not a doll but a person who needs constant love and attention. When you bond with your baby, your baby feels secure and loved.

All babies need love and tenderness. You must hold and cuddle your baby and show your baby that you love her or him. Touching and caressing a baby help the baby grow and develop normally. Babies who have not been held and touched enough may suffer from a failure to thrive. ***Failure to thrive*** is a baby's inability to gain weight and grow in height at an acceptable rate.

FEEDING

One of the most important things you do for your baby is to feed him or her. Feeding develops a close bond between you and your baby. The bonding which takes place during feeding can be shared by both parents.

You may choose either to breast-feed or bottle-feed your baby. This decision can be discussed with your doctor/health care provider in order to make the best choice for both you and your baby. Additional information regarding breast-feeding and bottle-feeding is located in Chapter 12.

Breast-feeding

For most babies, breast milk is the best source of nourishment. In addition to being an excellent source of nourishment, breast milk is easily digestible and gentle on your baby's digestive system. Antibodies that are present in the mother's system can be passed to the infant through the breast milk. These antibodies help fight infections that your baby may be exposed to during the first month of life.

While breast milk is beneficial for the baby, breast-feeding also is beneficial to the mother. Her uterus will return to its normal size more quickly if she breast-feeds. The mother also may lose some of her extra weight more quickly if she breast-feeds. In addition to these benefits, breast-feeding is convenient and costs no money.

While it is a disadvantage that the father cannot breast-feed directly, he can be included in the feeding of his child. Some mother's choose to express their milk either by hand or with a pump. This is a convenient way to store breast milk that allows others to feed your baby with a bottle. In this way, someone else can feed the baby if the mother is not available at feeding time.

The father also can participate in other ways. The father can play with his baby before the feeding, and he can be present while the mother feeds the baby. He can help provide a peaceful, relaxing environment for the feeding and be supportive in the decision to breast-feed.

Although there are many benefits to breast-feeding, it is not the best decision for all newborns or new mothers. A mother who breast-feeds must be very careful of what she eats and drinks and the medications she takes because all of these substances can be passed to her baby through breast milk. Certain illnesses in the mother's system also can harm the infant. Since the infant has certain nutritional requirements, the breast-feeding mother must continue to follow a very nutritious diet.

Bottle-feeding

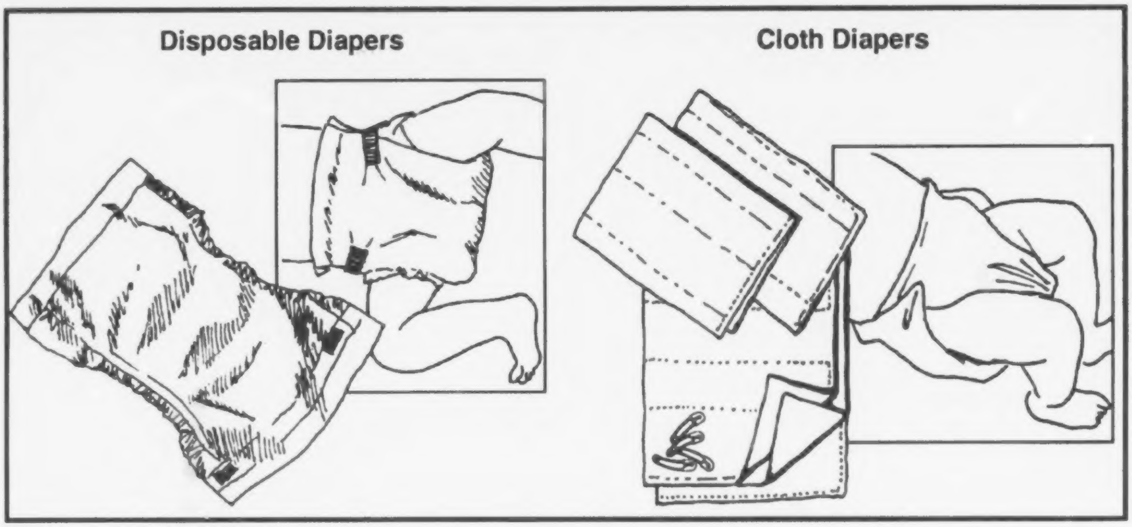
Over the years, infant formula has been manufactured to closely resemble breast milk. Infant formula contains protein, fat, carbohydrates, minerals, and vitamins that are essential to the infant's development. Plain cow's milk should not be fed to an infant. Plain cow's milk does not have the nutrients that an infant needs for healthy development. Usually a baby does not start drinking plain cow's milk until around his or her first birthday. This is when the digestive system can tolerate this kind of milk.

Some of the disadvantages of formula feeding are the cost and preparation time. Bottles and supplies must be purchased in addition to the large quantities of formula an infant can eat. The formula must be prepared and stored and the bottles must be washed and sterilized. Unlike breast milk, infant formula does not contain antibodies that can fight infection in the newborn. Therefore, babies fed with infant formula may be more prone to illness during the first weeks after birth until their systems produce antibodies on their own.

One major advantage of bottle-feeding is that the father of the baby also can be responsible for feeding the baby. Also the parents know exactly how much the infant is eating by measuring how much formula is in the bottle.

DIAPERING

Keeping your baby's bottom clean and dry is important to the overall health of your baby. One of the many decisions you will make concerning your new baby will be whether to use cloth or disposable diapers. There are advantages and disadvantages to both.



Disposable Diapers

Cloth Diapers

Figure 9.1

Disposable Diapers

Disposable diapers have been popular for many years because of their convenience and simplicity. Parents do not have to spend time washing diapers, because ***disposable diapers*** are thrown away once they have been used. Because adhesive tape keeps the disposable diaper in place, rather than diaper pins, the possibility of sticking a baby while changing does not exist (see figure 9.1).

While disposable diapers are a great convenience, they also have a few disadvantages. These disadvantages include high cost, higher incidence of diaper rash, and environmental concerns created by disposable diapers.

Many child care centers insist on using only disposable diapers. If you plan to place your child in child care, you may want to check with the facility before making a decision regarding diapers.

Cloth Diapers

Cloth diapers can be laundered at home or by a diaper service. You can pay a diaper service to pick up soiled diapers and deliver clean diapers to your home. Caring for the diapers at home is the most economical method, but washing diapers every day can be very time consuming. Compare the costs of all your options, along with the advantages and disadvantages of cloth or disposable diapers to make the best choice. Some parents find it economically wise to use cloth diapers at home and disposable diapers for traveling or special circumstances when convenience is more important than money.

Changing Diapers

When changing your baby's diaper it is important that you clean and dry the area as thoroughly as possible. A mild soap, warm water, and a soft washcloth are the best cleansing supplies for a new baby. Take special care with the creases and folds of the baby's skin. If your baby boy has been circumcised, you will need to treat the area with special care. You may need to apply a dab of petroleum jelly to keep his penis from sticking to the diaper.

Place your baby on a firm but comfortable surface such as a lightly padded changing table. Take the dirty diaper off of your baby and clean the baby's bottom. Never leave the baby alone while changing a diaper. Have everything you need close at hand. Hold the baby's ankles while you slip the clean diaper up and underneath the baby's bottom. Fasten the diaper securely, but not too tight around the baby's waist. Disposable diapers have adhesive tabs that fasten the diaper, and cloth diapers use large diaper (safety) pins. When using pins, always keep two fingers between the baby's skin and the pin to prevent accidentally sticking the baby.

Diaper Rash

Diaper rash is a condition of red, rough, irritated skin around the diaper area. Keeping your baby clean and dry will help prevent the baby from developing diaper rash. Also changing a wet or dirty diaper as soon as possible will prevent diaper rash. No matter how hard you try to prevent diaper rash, most babies will develop the rash at some time. If diaper rash does occur, try to expose the area without ointment to the air as much as possible. When you do put a diaper on, smooth a special rash ointment on the affected area. If the diaper rash does not clear up within a few days you may need to contact your doctor/health care provider.

CLOTHING

You may be amazed at how quickly your baby will grow. Some of the newborn clothing may be worn only once or twice before your baby outgrows it. For this reason, it is not necessary to have a large wardrobe of clothing for your infant. The clothing you do select for your baby should keep your baby at a comfortable temperature and protected from the elements.

At first, you may find changing your baby's clothes difficult. Select clothing that is easy to put on and take off and that will hold up through many washings. Be calm and take your time as you change your baby's clothes. You will get accustomed to changing your baby's clothes, and this along with most other aspects of parenting will get easier. Once again, do not leave your baby unattended on a changing table or other surface that does not completely protect her or him. Babies can roll very quickly, fall, and injure themselves.

The most important and numerous items in your baby's wardrobe will be diapers. If you are using cloth diapers, you will need about three to four dozen on hand. You also will need a few diaper liners and several diaper pins. If you choose disposable diapers, always remember to have an adequate supply on hand. This will deter any late-night trips to the store for diapers. Other clothing for your newborn will consist of the following items:

	Recommended Number
• knit gowns	(3-4)
• footed sleepers or onesies	(3-4)
• t-shirts	(3-4)
• sweaters for cool weather	(2-3)
• knitted cap	(1-2)
• baby blankets	(3-4)

All children's sleep wear must be flame retardant.

Newborn babies do not need a supply of shoes. Socks or booties will keep their feet warm enough. Strings, ribbons, or ties of any type should be short and not pose a danger of strangulation or becoming tightly wound around a baby's arm, finger, leg, or toe, which possibly could cut off circulation.

BATHING

Most newborn babies do not have an opportunity to get very dirty; however it is still important that they are bathed regularly. Bathing newborns every day may dry and irritate the babies' skin. Their faces, bottoms, and the creases in their necks are the main areas to clean thoroughly. Babies should be given sponge baths until the navel area and umbilical cord are healed. It usually takes about two weeks for this healing to be complete. Try to be as relaxed and calm as possible when giving your baby a bath. Bath time should be a fun and enjoyable time for you and your baby.

Have everything you need at your fingertips before you begin to bathe your baby. The room in which you bathe your baby should be warm and free of drafts. Never, under any circumstances, leave your baby alone while you are bathing him or her. Let the telephone ring or the door go unanswered if it is inconvenient for you to pick up your baby and respond.

Sponge Baths

A ***sponge bath*** is given without placing your baby into water. Place your baby on a table or counter top at a height which is comfortable for you. There should be a blanket, towel, or pad under your baby for comfort. Using a soft, wet washcloth, gently wipe your baby's face, paying special attention to the eyes, ears, nose, and mouth. Soap should not be used on the face until the baby is older. Pat your baby's face dry. Do not rub, as this may irritate the baby's delicate skin.

Wash your baby's hair with a gentle baby shampoo that will not burn or sting the eyes. Keeping your baby's hair clean will help prevent cradle cap. ***Cradle cap***, which develops on some babies' scalps, is a dry, crusty condition that can be cured by rubbing a drop of mineral oil on the scalp an hour before shampooing. Shampoo daily to cure cradle cap.

Most babies have a soft place on their head which is called a ***fontanel***, or ***soft spot***. This is the area where your baby's skull eventually will grow together. It is okay to gently touch or rub this area of your baby's head. If you notice a change in your baby's soft spot such as a bulge or a sunken spot, have your baby checked by a doctor/health care provider.

Apply a mild soap to your baby's arms, legs, hands, feet, and trunk (abdomen and chest) and wipe and rinse with a soft, wet washcloth. Use a cotton ball soaked in rubbing alcohol on the umbilical cord until it falls off. Cleanse the baby's bottom last, by using the washcloth. Always cleanse a baby girl's genital area from front to back so bacteria cannot enter through the vagina. If your baby boy has been circumcised, you will need to follow your doctor's instructions for cleaning the penis. Do not use alcohol to clean your baby's penis. If your baby boy has not been circumcised, do not force the foreskin of the penis back while bathing or cleaning. The foreskin will loosen naturally over the years. You can teach your son the necessary cleanliness when he is potty trained and better able to understand.

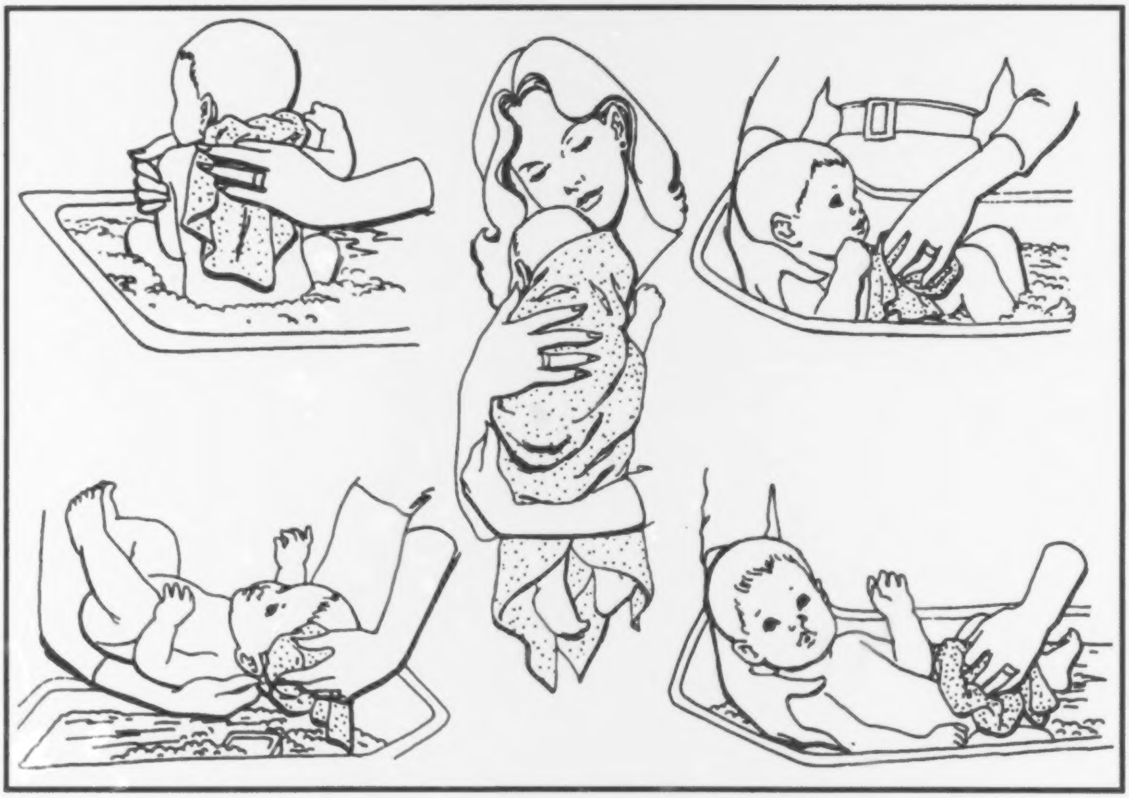


Figure 9.2

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Tub Baths

Once your baby is about two weeks old, or when the naval area around the umbilical cord has healed, and you are more comfortable handling your newborn, it will be time to give your baby a ***tub bath***. Use a small dish tub or special baby bath tub (not the large bath tub that you use) for your baby's bath. Check to make sure the water is not too warm by testing the water with your elbow. If it feels too warm on your skin it will be too hot for your baby. Make sure the water is not too hot or too cold. The same procedures you used for a sponge bath can be used for a tub bath, except that your baby will be partially immersed in water. Your wet baby may seem slippery and hard to handle. If your baby bath tub does not hold your baby securely, you will need to grip your baby around the back and under the arm. Do not let the baby's head go into the water (see figure 9.2).

Once the baby's bath is complete, lift your baby gently from the water and onto a soft towel. Many baby towels have hoods to keep the baby's head warm. A large amount of a baby's body heat is lost from her or his head, so try to keep the head covered once your baby is out of the tub.

SLEEPING

You will soon realize that your newborn sleeps a great deal, but not at the same time you are used to sleeping. A newborn baby uses a lot of energy while awake, so sleep is very important. Your baby will probably not sleep through the night until about three or four months after birth. Most babies have different sleeping habits, and they establish their own sleeping patterns to suit their needs.

Newborn babies usually will sleep eighteen to twenty hours a day. Your doctor may recommend that you lay your newborn on his or her stomach or right side, especially after eating. This will ensure that your baby does not choke if she or he spits up.

When your newborn wakes up in the night, the baby will probably be hungry and want to eat. Hold your baby for a few minutes before feeding to make sure that feeding rather than comforting is what your baby wants. As your baby grows, you may want to decrease the amount of milk you give him or her at night. Eventually your baby will sleep through the night without getting hungry. After that point, if your baby does awaken at night, you may need to encourage your baby to go back to sleep by rubbing her or his back or singing softly. You should no longer automatically assume that crying at night is a sign that your baby is hungry. Your baby may be too hot, too cold, have a dirty diaper, be sick, or simply need to be shifted to a different sleeping position.

Postnatal Care for Parents

Giving birth to a baby is an emotional and stressful time for both parents. The excitement of bringing your new baby home from the hospital can be a time of turmoil and anxiety. Everyone must adjust to having a baby in the house.

The postnatal period, also known as the postpartum period, is the span of time immediately after the birth of your baby. The postpartum period generally lasts from six to eight weeks. Both parents must make adjustments to their lifestyle; however, the mother experiences physical changes in addition to the emotional changes that both parents endure.

EMOTIONAL CHANGES

Emotions may run high until your household settles into a routine that everyone has adapted to and accepted. A new baby probably will cause everyone in the home to lose some sleep. This can make people irritable.

Father's Emotions

Fathers of newborn babies need to be especially considerate of the mother. If you are the father of a newborn, you need to help and share in caring for your baby as much as possible. It is natural for a father to have many concerns about being a father and caring for his child. Learning as much as he can about childbirth and child development will help him communicate with the mother of his child.

If the mother of the baby is acting unusual, she may be suffering from ***postpartum depression***.

This condition is common among new mothers but will probably last only a few weeks. The main cause of this type of depression is the abrupt hormonal change that occurs in the mother's body after giving birth. However, lack of rest, worry about being a good parent, personal appearance, lack of attention, and a change in routine can contribute to the depression. Of course, fathers also can suffer from these feelings. By supporting the mother and helping her overcome her depression, the father's frame of mind and emotional state also will improve.

A new father may feel clumsy and awkward when caring for his new baby. He may be afraid to be alone with his baby because something could happen that he cannot handle. Mothers have many of the same fears. As both father and mother gain experience caring for their newborn, those fears will lessen.

Mother's Emotions

If you are the mother of a newborn, you may experience some sad feelings or even postpartum depression after the birth. There may be many different reasons for how a new mother feels, but it is important for her to remember that she has to take care of herself.

If a new mother does feel depressed, she could try doing something special just for herself. If a young woman continues to feel depressed and it affects her feelings about her baby and others around her, she may need to talk to a professional. She could contact her doctor/health care provider, a teacher, or her school counselor for professional guidance or a referral.

REST

After a week at home with your newborn you may think you will never have a good night's sleep again. Going without sleep can cause you to become jumpy, tense, unable to concentrate, and intolerant. If you suffer from these problems, try to get a good night's sleep by having the baby's other parent, a relative, or a close friend take over a night's feedings. You will be surprised at how much better you feel after a long, deep sleep. Also, when your baby naps during the day, use the time to rest or nap yourself.

Mother's Physical Changes

Labor can be an exhausting process. A new mother may find herself extremely tired and weak after giving birth. She should try to get as much rest as she can while in the hospital. Once she goes home she will not have the luxury of a nursing staff, cooks, and other special help that a hospital offers.

After giving birth, a woman's body may take several months or more to heal. Considering the extremes that her body has gone through for the past nine months, it is understandable that it will take some time to recover from the stresses of giving birth.

WEIGHT LOSS

A new mother may be surprised that she does not regain her shape immediately after giving birth. Refer to figure 6.4 in Chapter 6 to examine the distribution of weight gain during pregnancy. Since the baby and placenta weighed approximately ten pounds, a woman still will have some excess weight to lose.

Soon after delivery, a woman loses a lot of her extra water weight through frequent urination and sweat. Her uterus will begin to shrink after giving birth. She may feel some cramping as her uterus gets smaller; however, this is more common with women who have had many children. If a new mother breast-feeds her baby, her uterus will

shrink faster, and she generally will lose weight faster, because the fat reserves stored during pregnancy are used in the production of breast milk.

Exercise is important for a new mother. Getting back into shape will be easiest if she continues to eat right and exercise regularly. Her abdominal muscles will need to be firmed up and she will probably want to lose any extra fatty tissue which her body needed during pregnancy. Nutrition experts and doctors agree that eating right and exercising are the best methods of losing weight.

BREAST CHANGES

The decision to breast-feed or bottle-feed is a decision usually made during pregnancy; however, a woman can change her mind after giving birth.

Bottle-Feeding

If a woman chooses to bottle-feed her baby, her doctor may prescribe a medication that stops her body from producing milk. The medication is started after delivery and continued for two to three weeks.

Breast-Feeding

While some parts of a new mother's body are returning to their normal state, others are changing for breast-feeding.

The first step in the breast-feeding process is the production of a thick, yellow fluid known as ***colostrum***. This is secreted from the breasts to nourish the newborn until milk begins to flow. Colostrum is very good for your baby because it contains antibodies that help your baby fight infection and it is rich in protein. Breast milk does not become available to your baby until about three days after he or she is born.

Engorgement

When milk production begins, a woman may experience some pain known as ***engorgement***. When the breasts become engorged, they usually swell, become hard, and feel tender and sore. Even if a woman chooses not to breast-feed she still may experience this discomfort. The condition usually lasts only a day or two. Engorgement can be treated by laying warm washcloths on the breast or standing in the shower facing a warm spray of water. If a new mother has an exceptionally bad case of engorged breasts, her baby may have difficulty nursing. If this is the case, she may need to express, or squeeze out, breast milk with her hands or with a breast pump until milk production is regulated. A woman should consult her doctor or clinic for directions on both procedures.

Blocked Milk Duct and Infectious Mastitis

Other problems that may occur due to breast-feeding are a blocked milk duct and infectious mastitis. A ***blocked milk duct*** will appear as a painful lump in the breast. Soaking the breast in hot water, applying a hot towel, massaging, or putting the baby to the breast may unblock the milk duct. If the lump does not disappear within a day, or if it becomes infected, the woman will need to see her doctor. If left untreated, the blocked duct may lead to mastitis.

Infectious mastitis is caused by bacteria entering the breast through a crack in the nipple. If a woman contracts this infection, her breast will be hard, red, and hot, she will feel more tired than usual, run a fever, and have joint pains. A doctor can prescribe antibiotics to clear up the infection.

Relieving Pain

Painful breasts may be relieved through the use of ice packs, warm showers, warm wash cloth soaks, or pain medication prescribed by the doctor. The method of treatment depends on the source of the pain. A woman should check with her doctor/ health care provider promptly if suggested treatments do not relieve a painful breast condition. A woman should seek medical assistance if a sore, tender lump in the breast lasts more than a day.

A woman who is breast-feeding should wear a good support bra at all times, even when she is asleep. Pads may be inserted into the bra if breasts tend to leak a lot. The ***breast pads*** protect clothing from becoming wet and prevent embarrassment.

A breast-feeding mother may experience cracked nipples. Because nipples remain wet from breast milk so much of the time, they will tend to crack. A woman should try to keep her nipples as dry as possible when she is nursing her baby; it may help to apply a lanolin cream to the nipple.

Illness

A mother may not be able to breast-feed if she is sick, running a fever, or taking certain medications. She should consult her health care provider to see if it is safe to continue breast-feeding under her specific conditions. If the mother must stop breast-feeding for a period of time but wants to continue afterward, she will have to express her milk during the illness. This milk should not be fed to the baby but should be thrown away after expressing. If her breasts do not receive some stimulation, she may stop producing milk.

OTHER CHANGES

After giving birth, the new mother will have a vaginal discharge known as ***lochia***. This discharge contains blood, mucus, and tissue debris. This discharge is bloody at first, then turns a brown/pink color, and finally is colorless before disappearing completely in about four to six weeks.

A woman who had an episiotomy or vaginal tear will have stitches that need to heal. These stitches do not have to be removed, because they are made of a material that dissolves and is absorbed into the body. A woman should consult her doctor about the best ways to help heal her stitches. Her doctor may suggest a heat lamp, ice packs, hot baths, sprays containing local anesthetics that numb the area, pain medication, or some combination of these treatments.

Points to Remember

- Your infant will be thoroughly checked by the doctors and nurses in the hospital immediately after birth.
- A great deal of care must now be given to your baby so that the adjustment from the womb to the world is as smooth as possible. There will be several important decisions that you will need to make.
- Touching and caressing a baby help the baby grow and develop normally. Babies who have not been held and touched enough may suffer from a failure to thrive.
- One of the most important things you do for your baby is to feed him or her. You may choose either to breast-feed or bottle-feed your baby. This decision can be discussed with your doctor in order to make the best choice for both you and your baby.
- Keeping your baby's bottom clean and dry is important to the overall health of your baby. One of the many decisions you will make concerning your new baby will be whether to use cloth or disposable diapers.
- Do not leave your baby unattended on a changing table or other surface that does not completely protect her or him. Babies can roll very quickly, fall, and injure themselves.
- Try to be as relaxed and calm as possible when giving your baby a bath. Bath time should be a fun and enjoyable time for you and your baby. Never, under any circumstances, leave your baby alone while you are bathing him or her. Let the telephone ring or the door go unanswered if it is inconvenient for you to pick up your baby and respond.
- A newborn baby uses a lot of energy while awake, so sleep is very important. Most babies have different sleeping habits, and they establish their own sleeping patterns to suit their needs. Newborn babies usually will sleep eighteen to twenty hours a day.
- The postnatal period, also known as the postpartum period, is the span of time immediately after the birth of your baby. Both parents must make adjustments to their lifestyle; however, the mother experiences physical changes in addition to the emotional changes that both parents endure.
- After giving birth, a woman's body may take several months or more to heal. Considering the extremes that her body has gone through for the past nine months, it is understandable that it will take some time to recover from the stresses of giving birth.

Vocabulary

Apgar test
blocked milk duct
breast pads
cleft palate
cloth diapers
colostrum
cradle cap
diaper rash
disposable diapers
engorgement
failure to thrive
fontanel
hypothyroidism
infectious mastitis
lochia
neonatal care
neonatal period
newborn period
phenylketonuria (PKU)
postnatal care
postpartum depression
postpartum period
soft spot
sponge bath
tub bath

Review

1. List three categories tested during the Apgar test, and explain how they are determined.
2. In addition to the Apgar test, what other tests are administered to a newborn?
3. Summarize the advantages and disadvantages of bottle-feeding and breast-feeding.
4. Compare and contrast disposable diapers with cloth diapers.
5. Why is it important never to leave your baby alone on a changing table, in a bath tub, or on any surface that does not completely protect him or her?
6. Why is sleep important to a newborn?
7. What is the postnatal period, and how long does it last?
8. What is the main cause of postpartum depression?
9. What concerns might a new father have during the postnatal period?
10. Describe the physical changes a woman experiences after giving birth.

10 Personal Health

Essential Elements

(5) Concepts and skills related to the health and well-being of parents and children.

- Summarize ways to obtain various health services. (5A)
- Outline principles of good personal health for mothers and children. (5B)

It is important that a young woman look after herself and her unborn child from the very beginning. It is more important for her welfare than anything else she can do. It ensures that she will provide the best possible environment for her developing baby—and, equally important, it gives her the best chance of being healthy and full of vitality, ready for the birth day, and being a new parent.

As a new parent, you will want to take steps to assure that your new baby, you, and your family maintain good health.

Health Care Services

Many communities offer health care services to families and individuals who cannot afford medical care. These health clinics are supported by the government which helps pay for clinical services. They provide medical services at a reduced fee. Often the fees at health clinics are based on the family's or individual's income. These fees are charged on a ***sliding scale*** which is based on the family's ability to pay. Some families can qualify to receive the services at no charge. This type of service allows people to receive health care that they might not otherwise be able to obtain. Refer to Chapter 24 for more information about community and government family services.

Whether you choose a private or government health care provider, it is vital that both you and your child receive regular medical checkups. Your health is important and something you should not neglect.

EXPECTANT MOTHERS

If a woman suspects she is pregnant, it is important for her to begin prenatal care as soon as possible. An expectant mother should make every effort to have a healthy pregnancy and baby. This includes visiting a doctor or clinic on a regular basis for prenatal care. Community health clinics also provide prenatal and postnatal care for women. The exact cost of prenatal visits varies depending on the health care provider. Most health care providers charge one lump sum that covers all prenatal visits, the delivery, and the postnatal examination.

CHILDREN

After your baby is born, it is equally important that you to find a health care provider for him or her. You may be able to use the same doctor/ health care provider that delivered your baby, such as a general practitioner, or you may find services at one of the available clinics. Another option is a doctor that specializes in the care of infants and young children or a ***pediatrician***.

Serious Health Conditions

Children with serious health conditions may need special medical treatment and equipment. Community and government services are available to help children with ***chronic illnesses***, illnesses which last a long time or recur frequently. Children with chronic illnesses may use some of the same resources and be protected by many of the same laws as disabled children and adults.

If your child has a serious illness or condition, like deafness, blindness, cerebral palsy, muscular dystrophy, or another disorder, you need to be educated about your child's conditions. It is important that you understand all of the facts about the illness or condition and how to help your child deal with her or his situation. Often, organizations have support groups that can work closely with you and your child to help cope with the stress and concern. For more information about children with special needs, refer to Chapter 22.

GENERAL HEALTH SERVICES

State and federal governments have established several different programs that provide resources to families in need. Some of the most common include the following:

- Community health services provide various services including environmental health, personal health, health education, communicable disease control, and administrative services.
- Dental health services provide dental education and dental care, including emergency treatment, tooth brushes, and routine checkups to children—kindergarten through high school. They also offer water fluoridation to unfluoridated community water systems serving one thousand or more people.
- Supplemental food programs, such as Women, Infants, and Children (WIC), provide financial assistance, health education, and food coupons to families with infants and children through age five. The food coupons, or food stamps, can be used to purchase specific foods high in nutrients, such as eggs, milk, cheese, and beans. Nutrition education is provided each time a participant receives the food coupons.
- Vision, hearing, and speech testing and assistance provides professional education, screening services, and medical supplies and equipment. Vision, hearing, and speech/language testing are available for individuals through age twenty as well as a hearing aid loan service.
- Aid to Families with Dependent Children (AFDC) offers financial assistance, physician services, outpatient and inpatient hospital services, laboratory tests, family planning, home health services, prescription drug services, eyeglasses, and hearing aids to individuals through age nineteen and their families. This assistance is intended to help maintain families until they can achieve economic self-sufficiency.
- Food programs for children furnish financial assistance for children through age thirteen. Services also are available through nonresidential child care programs in nonprofit, tax-exempt child care facilities. There is no age limit for physically or mentally challenged individuals. This service is offered to for-profit child care centers if at least 25 percent of their enrollment meets certain requirements.
- School breakfast and lunch programs supply meals for children from families with reduced incomes.

Medicaid

Medicaid is a federal-state program that provides medical care for many people who cannot pay for it. A state's Medicaid program must provide medical care to any person who receives public assistance. Some plans include ***medically indigent*** people, or people who can provide for their daily needs but cannot afford large medical expenses. To obtain information about receiving Medicaid, contact the Texas Department of Human Services or your local health department.

Principles of Good Personal Health

Wellness is the health of the total person, including physical, mental, and emotional well-being. Most health professionals agree that a person's mental and emotional state can affect physical health.

Your health is influenced by your heredity, lifestyle, environment, and the food you eat. You cannot change your heredity. You can do something about your lifestyle, environment, and diet so that you can maintain good health and wellness.

Maintaining good health is an important concern for people today. Regardless of your age or stage of life, you should take steps to keep yourself and your child healthy. The following five factors affect good personal health:

- nutrition
- exercise
- rest
- medical care
- hygiene

> *If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.*
>
> *— Hippocrates*

NUTRITION

Nutrition can be defined as the food you eat and how your body uses the nutrients in the food. From the beginnings of history, people have known that they had to eat to survive. They realized that food was essential for good health, but they did not know why. Over the years, scientists have learned much about the food individuals eat and how the human body uses these nutrients.

Good nutrition means eating the right kinds of food in the right amounts. Shortages of nutrients can result in health problems. Over a long period of time such shortages can damage the body seriously.

Many people who enjoy good health take it for granted. They may go along for years and have no serious problems. Then, suddenly they find themselves with an illness with which they are unprepared to cope. By then it may be too late to reverse the effects of the illness.

You are responsible for taking care of your body. As a parent you also must take care of your child and what he or she eats. That is a tremendous responsibility. For more information about nutrition, refer to Chapter 11.

EXERCISE

Exercise is something that everyone needs to do. If you do not use your body, it may lose some of its ability to move. Your body needs a minimum level of physical activity. Below this level, your body will begin to deteriorate. You need only a small amount of exercise to keep muscles working normally. Health experts feel that exercise improves flexibility, conditions the muscles, and strengthens the heart and lungs. For the best level of fitness, you need to choose a combination of activities that provide all three benefits and exercise many parts of the body. Exercise can be fun if you choose activities you enjoy.

Children need exercise to allow all of their body systems to grow, develop, and function. Exercise, when a part of a healthy lifestyle, can help children develop social skills and enhance self-esteem.

REST

Rest and sleep also are essential for life. Both give your body a chance to restore itself. Although your body slows down when you sleep, vital processes continue. Body cells are replaced more rapidly when you sleep than when you are awake. You also are able to build up your energy level so that you feel refreshed.

Sleep patterns vary considerably according to age. The newborn infant may spend as much as one-half of the time sleeping and may sleep five or six times a day. The average adult needs about seven and one-half hours of sleep daily. Some people can get along with less sleep and others need much more.

MEDICAL CARE

Medical care includes regular medical checkups by health care providers. Regular medical care should be a part of every family's routine. Regular checkups enable health care providers to learn more about their patients. Medical files can be established and can help a doctor diagnose and treat a specific medical problem. Regular dental checkups and eye examinations are also a significant part of maintaining good health. It is extremely important to keep up to date with immunizations.

Immunizations

Some communicable diseases are preventable through ***immunization***. Immunizations are an important way to control diseases. When a child is immunized, a less harmful form of the virus or bacteria, called a ***vaccine***, is injected into the body. Immunization takes advantage of the body's ability to defend itself by developing antibodies. ***Antibodies*** are substances produced by the body to fight a particular disease in the future. At present, children can be immunized for the following

Age	Immunization
0 - 12 months	Hepatitis B Series
2 months	1st Diptheria, Tetanus, Pertussis (DTP) shot 1st Oral Polio vaccine
4 months	2nd DTP shot 2nd Oral Polio vaccine
6 months	3rd DTP shot 3rd Oral Polio vaccine Measles (Plain) shot
12 months	Tuberculin test
15 months	Measles, Mumps, and Rubella (MMR) shot
18 months	DTP (booster) Oral Polio (booster) MMR shot (if not already received)
18 - 24 months	Hib (HbPV) vaccine for meningitis
4 - 6 years (before starting school)	DTP (booster) Oral Polio (booster) MMR (if not already received)
10 - 12 years	Measles, Mumps, and Rubella (MMR)

Figure 10.1

conditions:
- diphtheria
- tetanus
- pertussis (whooping cough)
- hepatitis B
- measles
- mumps
- rubella (German measles)
- polio
- smallpox

In some states, an Hib vaccine is recommended for children at high risk of exposure to meningitis. Children enrolled in child care programs are part of this high-risk group. Some of the vaccines can be given in one shot, for example, DTP (diphtheria, tetanus, and pertussis) and MMR (measles, mumps, and rubella). Often, ***booster shots*** are needed following the first immunizations. Booster shots ensure that enough antibodies have been built up in the body. It is important to keep a record of your child's immunizations and booster shots. Figure 10.1 reviews the ages a child should receive the required immunization or booster.

HYGIENE

Hygiene is the practice of cleanliness and sanitation and relates to the spread of germs. Good hygiene needs to be used throughout your life. Adults need to serve as role models and should incorporate good hygiene into their lifestyles to encourage young children to follow healthy practices early.

The human body is a combination of many complex systems. Just by following some simple hygienic habits, you can increase your level of wellness.

Promoting Good Health

Hygiene and health should be major concerns of parents. A clean and sanitary environment is essential to the optimal health of children. Parents need to model good health habits consistently as well as to encourage them in their child.

The following cleaning tasks should be done on a regular basis to maintain a hygienic environment:
- cleaning restrooms
- taking out trash
- washing clothes
- washing dishes
- mopping and vacuuming where appropriate
- controlling insects and rodents
- cleaning and disinfecting sleeping areas, wastebaskets, and diapering areas

Try to keep various health care supplies on hand so that they are available for both you and your child. These include facial tissue, paper towels, hand soap, toilet tissue, and wastebaskets. Young children can learn to take care of many of their own needs if these supplies are accessible. For example, even toddlers can learn to blow and wipe their noses and dispose of the used tissue properly. Paper towels and soap in low, easy-to-use dispensers are helpful in teaching children to wash their hands.

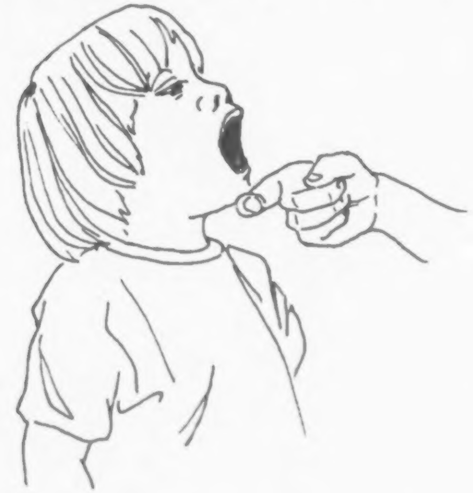
Adequate lighting, ventilation, temperature, and humidity contribute to a healthy environment. Proper levels of lighting can be provided by a combination of outside and artificial lighting. Rooms, hallways, and stairways must be well-lighted to prevent accidents. Adequate ventilation allows fresh air to circulate throughout a room without creating a floor draft. To keep children from becoming overheated or chilled, it is helpful for each room to have a thermometer. If you live in a dry climate, use a humidifier or cool mist vaporizer when the humidity is low.

CHARACTERISTICS OF A HEALTHY CHILD

Before parents can fully understand and recognize the symptoms of children's health problems, they need to know how a child looks and behaves when she or he is in good health. Healthy children are active, alert, and often noisy. They have clear skin, bright eyes, shiny hair, straight posture, and strong white teeth that are in good condition. Their bowel movements are regular and normal. They sleep soundly and eat without coaxing and without overeating. They steadily gain weight and grow taller. If your child does not display some or all of these characteristics, consult your health care provider.

Health Check

Making a daily health check of your child is another way to prevent or detect an illness in its early stages. To make an effective health check, look for signs that indicate either health or illness. You can check these signs by completing a routine health check of your child each morning. Indications of good health include the characteristics described in the preceding paragraph. Illness may be indicated by discharges from eyes, ears, or nose; sores or rashes; frequent scratching; rubbing or pulling at the ears; red or watery eyes; red, swollen gums; enlarged glands; or pale skin. Throughout the day, parents should continue to be alert to signs of illness including sudden changes in eating, sleeping, toileting, or other patterns. For example, if your child who usually plays vigorously during a favorite activity sits quietly, you may want to suspect illness.



In addition to illness, parents need to know the signs of seeing or hearing difficulties. A child who usually holds picture books very close or very far away, often squints or rubs the eyes, or complains of frequent headaches may have problems seeing. Hearing problems may be indicated if a child usually turns the head to one side while listening, frequently pokes or pulls at the ears, repeatedly fails to follow directions, or always uses a loud voice. If you observe signs of a possible health problem, contact your child's doctor or health care provider.

Points to Remember

- Many communities offer health care services to families and individuals who cannot afford medical care. They provide medical services at a reduced fee or at no charge. This type of service allows people to receive health care that they might not otherwise be able to obtain.

- Whether you choose a private or government health care provider, it is vital that both you and your child receive regular medical checkups. Your health is important and something you should not neglect.

- If a woman suspects she is pregnant, it is important for her to begin prenatal care as soon as possible. An expectant mother should make every effort to have a healthy pregnancy and baby. This includes visiting a doctor or clinic on a regular basis for prenatal care.

- After your baby is born, it is equally important that you find a health care provider for him or her.

- Maintaining good health is an important concern for people today. Regardless of your age or stage of life, you should take steps to keep yourself and your child healthy.

- Good nutrition means eating the right kinds of food in the right amounts. Shortages of nutrients can result in health problems. Over a long period of time such shortages can damage the body seriously.

- Your body needs a minimum level of physical activity. Below this level, your body will begin to deteriorate. You need only a small amount of exercise to keep muscles working normally.

- Children need exercise to allow all of their body systems to grow, develop, and function. Exercise, when part of a healthy lifestyle, can help children develop socialization skills and enhance self-esteem.

- Some communicable diseases are preventable through immunization. Immunizations are an important way to control diseases. Immunization takes advantage of the body's ability to defend itself by developing antibodies.

- Hygiene and health should be major concerns of parents. A clean and sanitary environment is essential to optimal health of children. Parents need to model good health habits consistently as well as to encourage them in their child.

- Making a daily health check of your child is another way to prevent or detect an illness in its early stages. To make an effective health check, look for signs that indicate either health or illness. You can check these signs by completing a routine health check of your child.

Vocabulary

antibodies
booster shots
chronic illnesses
hygiene
immunization
Medicaid

medically indigent
nutrition
pediatrician
sliding scale
vaccine
wellness

Review

1. What services do community health clinics provide?
2. How do fees charged for services at community health clinics compare to fees charged by private physicians?
3. What are the benefits of supplemental food programs?
4. If you think you qualify for Medicaid, who would you contact?
5. What factors influence your health and that of your child?
6 Why is it important to have a well-balanced diet?
7. Why is exercise important to growth and development?
8. At what age should your child begin receiving immunizations?
9. What cleaning tasks should be done on a regular basis to maintain a healthy environment?
10. List four characteristics that may indicate illness in your child.

11 Nutritional Needs

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

➪ Determine nutritional needs during pregnancy, lactation, infancy, and early childhood.(5C)

Food is the way in which your body obtains nourishment. The nutrients your body gets from food enable your body to work, supply building blocks for growth and development of bones and tissue, and furnish energy for work and play. Food also provides other nutrients that enable your body to perform all of its important functions.

The Nutrients

Nutrients are life-sustaining chemicals that nourish and promote the growth of the human body. No one food contains all of the nutrients necessary for the body to function effectively; therefore, a balanced diet that incorporates appropriate amounts of the six essential nutrients, as well as recommended servings from the food groups, is necessary. You need to choose foods with high nutrient density rather than foods with empty calories. Foods that are ***nutrient dense*** are excellent sources of essential nutrients with few, if any, empty calories. ***Empty-calorie foods*** refer to foods that provide calories or energy but little or no nutritive value.

The six essential nutrients are the following:

- protein
- carbohydrates
- vitamins
- minerals
- fats-
- water

The ***RDA*** are the Recommended Dietary Allowances for Americans. The RDA serve as a guideline for determining the amounts of nutrients needed by groups of healthy people. They give the specific recommended daily nutrient needs for persons according to age and gender. The RDA are established by the National Food and Nutrition Board of the National Academy of Sciences. The RDA differ from the ***U.S. RDA*** which are the

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United States Recommended Daily Allowances. The U.S. RDA have been used on food labels since the 1960s.

PROTEIN

Protein is the main component of every cell in your body. Without protein, your body would not be able to survive. Protein performs three very important functions:

- Growth and repair of new and damaged tissues.
- Regulating all body functions and transporting other nutrients and oxygen throughout the body.
- Supplying energy when adequate amounts are not supplied by carbohydrates and fats.

Protein is comprised of compounds called amino acids. ***Amino acids*** often are referred to as the building blocks of protein. There are twenty-two different amino acids. Thirteen of these amino acids are manufactured by your body, and the remaining nine amino acids must be supplied by your diet. These nine amino acids often are referred to as essential amino acids because it is essential that they be furnished in your diet. The body cannot function without these nine essential amino acids. People in less developed countries often suffer from many diet-related diseases and other health problems because of the shortage of protein foods.

Protein foods that supply all nine of the essential amino acids are called ***complete proteins***. Foods that supply some, but not all, of the nine essential amino acids are called ***incomplete proteins***. It is possible to combine two incomplete protein products in the right amounts to produce the equivalent of complete protein, thus providing the diet with adequate protein. Most generally, proteins from animal sources are complete proteins and plant proteins are incomplete protein sources. However, animal proteins also provide more fat and calories than plant proteins. It is a wise dietary practice to consume combinations of plant proteins to fulfill some of the body's need for complete proteins. Listed below are some examples of combining incomplete proteins to form complete proteins:

- Legumes (dried beans, lentils, split peas) and rice
- Pinto beans and corn tortillas
- Peanut butter sandwich (Peanuts are a legume.)

Another way to form complete proteins is to combine a small amount of animal protein with an incomplete protein source. Some examples include:

- Bean soup with small amounts of chopped ham
- Macaroni and cheese
- Cereal and low-fat or skim milk
- Baked potato with cottage cheese
- Spaghetti with tomato sauce and a small amount of meat

The average American adult eats twice as much protein as is needed. It is recommended for most children and adults that 10 to 15 percent of calories come from protein. Protein needs increase during times of growth, such as childhood, adolescence, pregnancy, and lactation. Consult the RDA for the specific guidelines regarding your gender and age group for protein requirements.

CARBOHYDRATES

Carbohydrates are nutrients that supply energy for body functions. The other energy sources are proteins and fats. Carbohydrates are broken down in the body into sugars, starches, and fiber. The sugars are known as ***simple carbohydrates***, and the starches and fiber are known as ***complex carbohydrates***. Complex carbohydrates should make up 50 to 55 percent of your caloric intake. The dietary guidelines recommend that only 10 percent of carbohydrates come from sugar. Carbohydrates perform three important functions in the body. The body uses carbohydrates to

- supply energy,
- supply fiber, and
- aid in the digestion of fats.

Sugars are the form of carbohydrates most easily absorbed by your body. Sugars are found naturally in many foods, such as fruits, some vegetables, and milk.

Starches are the main form in which plants store their food. Starches occur naturally in grains, seeds, nuts, and vegetables such as potatoes, peas, and corn. When you eat these foods, your body breaks the starches down into sugars.

Fiber is sometimes called roughage or cellulose. It is the part of plant foods which cannot be digested. Fiber is vital as an aid in digestion.

Fruits, grains, and vegetables are high in fiber.

VITAMINS

Vitamins are organic compounds necessary for normal growth, maintenance of health, and reproduction. Vitamins help your body convert carbohydrates and fat into energy and assist in the formation of bones and tissues. Vitamins are essential for maintaining good health—your body cannot survive without them.

Vitamins are either fat soluble or water soluble. ***Fat-soluble vitamins*** cannot be dissolved in water, so they are stored in your body fat until they are transported to the cells by the blood. ***Water-soluble vitamins*** are easily dissolved by water and are not stored in your body. Water-soluble vitamins must be replenished every day.

Fat-soluble Vitamins

Vitamins A, D, E, and K are fat-soluble vitamins. The functions and sources of each of the fat-soluble vitamins include the following:

- ***Vitamin A*** (retinol) is responsible for night and color vision, growth of bones and teeth, and production of healthy skin. Sources of Vitamin A include dark green and dark yellow vegetables, fruits, egg yolks, whole milk, liver, butter, and fish oils.
- ***Vitamin D*** (calciferol) is important for normal growth and development of your bones and teeth. It aids in the absorption and utilization of calcium and phosphorus. Sources include egg yolks, liver, fish liver oils, and fortified milk. The primary source of vitamin D is the sun.
- ***Vitamin E*** (alpha tocopherol) protects cells from oxidation. Oxidation occurs when blood cells or tissue cells are exposed to oxygen, causing a weakening of the cell walls and thus damaging the tissues. Vitamin E is the most effective vitamin in protecting the red blood cells in the lungs. Sources of vitamin E include vegetable oils, wheat germ, whole-grain bread and cereal products, liver, fish oils, and green leafy vegetables.
- ***Vitamin K*** (phylloquinone and menaquinone) is necessary for blood clotting. Sources include green leafy vegetables, broccoli, peas, liver, cheese, and eggs.

Water-soluble Vitamins

The water-soluble vitamins include the eight B vitamins and vitamin C. The functions of each of the water-soluble vitamins and sources of each include the following:

- ***Thiamin*** (vitamin B_1) helps break down carbohydrates in your body and helps your body release energy from food. It is necessary for cell respiration, promotion of normal appetite and digestion, and maintenance of a healthy nervous system. Sources include enriched whole-grain products, liver, peas, and pork.
- ***Riboflavin*** (vitamin B_2) is necessary for your body to break down carbohydrates and keep your skin, tongue, and lips in normal condition. Sources include cheese, eggs, enriched breads, leafy green vegetables, lean meats, and legumes.
- ***Niacin*** (vitamin B_3) is vital to your nervous system. It helps cells convert food to energy and is beneficial for your mouth, skin, and tongue. It helps your digestive tract to function properly. Sources include liver, lean meats, whole grains, nuts, and legumes.
- ***Folate*** (also called folacin or folic acid) is necessary for your body to produce normal red blood cells and for the biochemical reactions of cells in the production of energy. Sources include wheat germ, wheat bran, yeast, leafy green vegetables, liver, and legumes.
- ***Biotin*** is essential in the breakdown of carbohydrates, lipids, and proteins in your body. Sources include liver, kidneys, egg yolks, vegetables, and fruits.
- ***Pantothenic acid*** aids in the metabolism of fat and the formation of cholesterol and hormones. Sources include all plant and animal tissues with the best sources being liverwurst, meats, poultry, egg yolks, wheat germ and rice germ, tomato paste, sweet potatoes, oatmeal, and milk.
- ***Pyridoxine*** (vitamin B_6) is needed to help your nervous tissues function normally, to maintain the health of your skin and red blood cells, and to participate in the metabolism of proteins, carbohydrates, and fats. Sources include liver, lean meats, cereals, vegetables, and milk.
- ***Cyanocobalamin*** (vitamin B_{12}) is necessary in the development of normal growth, normal functioning of all body cells, and the metabolism of folate. Vitamin B_{12} is found only in

animal protein. Liver, clams, oysters, muscle meats, eggs, chicken, and milk are the best sources.

- ***Ascorbic acid*** (vitamin C) aids in the formation of ***hemoglobin*** (oxygen-carrying protein in the blood), helps fight infection, aids in healing of wounds, helps in the formation and maintenance of collagen, and aids in the absorption of iron and calcium. Sources include citrus fruits, cantaloupe, strawberries, dark leafy vegetables, broccoli, cabbage, and green peppers.

MINERALS

Minerals are necessary for building your bones, tissues, and other compounds, as well as for regulating your body processes. Generally, minerals are divided into two groups. The first group occurs in large amounts in both your body and in food. This group is called ***macrominerals***. In the group are calcium, phosphorus, magnesium, sodium, and potassium.

The second group is called ***microminerals***, or trace elements. They occur in very small amounts in your body. This group includes iron, iodine, zinc, and fluorine. Table 11.1 lists the primary functions and sources of macrominerals, and table 11.2 lists the microminerals, their primary functions, and sources.

MACROMINERALS

Macrominerals	Functions	Sources
Calcium	° Needed for bone rigidity, blood clotting, muscle contraction, and normal nerve functions ° Just because an individual eats food containing calcium does not mean that the body absorbs the calcium. Factors that increase calcium absorption include - an overall balanced diet - intake of vitamins D and C - intake of certain amino acids ° Factors that decrease calcium absorption include - a vitamin D deficiency - fat malabsorption - eating large amounts of fiber - lack of exercise - stress - lactose deficiency or lactose intolerance	Milk and milk products; soft-boned fish; calcium-fortified orange juice; leafy, green vegetables; and broccoli.
Phosphorus	° Helps build strong bones and teeth, and is a significant factor in all phases of calcium metabolism	Meat, poultry, liver, fish, eggs, milk, other dairy products, raw oranges, cherries, peaches, rice, potatoes, and wheat flour. Eating foods high in calcium will provide adequate phosphorus.
Magnesium	° Helps regulate - body temperature - muscle contractions - the nervous system ° Helps cells utilize - carbohydrates - fats - proteins	Leafy, green vegetables; nuts, including Brazil, almonds, and cashews; muscle meats; salmon; chedder cheese; beef liver; milk; and eggs. Vitamin D increases the body's absorption of magnesium.
Sodium, chloride, potassium	° These three work together to: - regulate the flow of fluids in the body - help regulate the nervous system - help regulate the muscle functions, including heart - help regulate nutrient absorption in the cells	Sources of sodium and chloride are found in salt, while potassium can be found in meats, milk, bananas, leafy, green vegetables, and citrus fruits.

Table 11.1

MICROMINERALS

Microminerals	Functions	Sources
Iron	• Found primarily in the blood, where it combines with protein to form hemoglobin (oxygen-carrying protein in the blood)	Liver and other organ meats; egg yolks; dried legumes; shellfish; leafy green vegetables; and enriched breads. It is estimated that only 10 to 15 percent of the iron in foods is actually absorbed.
Zinc	• Needed for lungs to release oxygen	Oysters, herring, egg yolks, and organ meats.
Copper	• Necessary in the formation of hemoglobin	Liver, bran flakes, and cocoa powder.
Manganese	• The role of manganese is not well-understood. Deficiency is ataxia.	Nuts, rice, whole grains, beans, and leafy green vegetables.
Selenium	• Works in conjunction with vitamin E to protect cells from destruction. It has been suggested that selenium may have a role in the prevention of cancer.	Fish, organ meats, shellfish, and eggs. Grains and other plants grown in selenium-rich soil also are good sources.
Chromium	• Maintains the normal glucose uptake into cells and helps insulin bind to cells	Vegetable oils, egg yolks, whole grains, and meats. Fruits, vegetables, highly processed foods, and drinking water are generally poor sources of chromium.
Iodine	• Needed for the thyroid gland to produce thyroxine, which is essential for the oxidation rates of cells	Iodized salt, ocean fish, seaweed, and milk.
Flouride	• Needed to prevent tooth decay	Flouridated drinking water, seafood, tea, flouridated toothpaste, and fruits and vegetables grown in areas where natural flouride level in the water is high.

Table 11.[illegible]

Research continues into the role vitamins and minerals play in preventing chronic disease and maintaining health and wellness.

FATS

Fats are semi-solid, energy-filled organic compounds found in animal and plant tissues. The term ***lipid*** is often used interchangeably with the term fat to describe fats, oils, and fat-related substances. Lipids in their simplest forms are called fatty acids. The major form of fat in the body and in foods is known as triglycerides. ***Triglycerides*** are chemical compounds that contain carbon, hydrogen, and oxygen. Fats or lipids are important sources of energy needed by your body. However, calories from fat should not exceed 30 percent of your total daily calorie intake. Functions of fat in your body include the following:

- provide energy
- transport and absorb fat-soluble vitamins
- cushion vital organs in your body
- comprise part of the structure of your body cells
- supply essential fatty acids
- add flavor to foods
- satisfy appetites by delaying hunger
- insulate your body
- serve as protection for nerves and blood vessels

Fats are classified as saturated, monounsaturated, or polyunsaturated. The more saturated the fat, the more solid it is at room temperature.

- ***Saturated fats*** have the most hydrogen. Saturated fats are found in butter, chocolate, egg yolks, lard, shortening, and many other foods.
- ***Monounsaturated fats*** have less hydrogen than saturated fats. Some examples of monounsaturated fats include some cooking oils, olive oil, some peanut butter, and some salad dressings.
- ***Polyunsaturated fats*** have the least amount of hydrogen. Polyunsaturated fats are found in

such foods as Brazil nuts, some cooking oils, some peanut butter, soft margarine, and walnuts.

Your diet should consist of no more than 30 percent fat. Many sources recommend that of this 30 percent, 10 percent should come from unsaturated fats, 10 percent from polyunsaturated fats, and no more than 10 percent should come from saturated fats.

WATER

Water is necessary in your body for many reasons. It acts as a solvent for nutrients and hormones. Water also transports nutrients to your cells and rids your body of waste products. It lubricates your joints, facilitates food passage, and regulates your body temperature through conduction of heat, perspiration, and excretion. Your body typically uses 2 to 2 1/2 liters of water per

Special Nutrition Requirements During the Stages of the Life Cycle

Life Cycle Stage	Nutrition Requirements
Pregnancy (includes nursing mothers)	Approximately 300 additional calories are required each day for increased energy needs. Weight gain should average between 25 to 30 pounds during pregnancy. A well-balanced, nutritious diet is important because of the increased need for protein, vitamins, and minerals. The diet should include more milk products and more fruits and vegetables.
Infancy (Birth through 1 year)	Most of the infant's nutritional needs during the first year are met through human milk or infant formula. Formulas contain amounts of protein, vitamins, and minerals recommended by the American Academy of Pediatrics. Some formulas are iron-fortified. It is not recommended that solid foods be given to infants until four to six months of age.
Early Childhood (2 years through 5 years)	Childhood obesity and iron-deficiency anemia are the two nutritional problems most commonly diagnosed during childhood. Children should be fed nutritious foods at every meal. Breakfast is especially important, and nutritious snacks help meet the child's daily nutrient needs. Iron-fortified breakfast cereals and lean meat help supply daily iron requirements.
Middle Childhood (6 years through 12 years)	Children should be encouraged to eat a variety of nutritious foods at mealtime and snack time in order to meet their daily nutritional needs for growth and development. Children of this age can learn to choose healthy foods. Snack foods may need to be monitored at this time because consumption of sugary foods and empty calorie foods increases during this stage.
Adolescence (13 years through 20 years)	Rapid growth periods occur in girls between the ages of 10 and 13 years, and in boys between the ages of 12 and 15 years. Consumption of well-balanced, nutritional meals is important during these years. An increased need for calcium occurs due to rapid bone growth. Teens need to increase their intake of foods from the milk group. Poor food choices during adolescence lead to inadequate intake of calcium, vitamin A, and fiber; iron-deficiency anemia; and excessive intake of saturated fats, sugar, and empty calorie foods.
Young Adulthood	It is important for young adults to realize that the food choices, health practices, and lifestyle decisions made in the young adult years have significant effects on health and wellness in later life. Eating a well-balanced diet and exercising on a regular basis are good beginnings for young adults. Iron and calcium intakes are very important.
Middle Adulthood (41 years through 65 years)	Adults in this stage need to follow the guidelines for good health and disease prevention. These guidelines recommend that people should eat a variety of foods; maintain desirable weight; avoid too much fat, saturated fat, and cholesterol; increase intake of foods with sufficient starch and fiber; avoid eating too much sugar and sodium; exercise regularly; refrain from smoking; moderate alcohol intake; and try to manage stress.
Older Adulthood (over 65 years)	A healthy diet can help reduce some of the effects of aging. Poor nutritional health at this stage can affect the severity of disease as well as mental function. Some guidelines for nutritional health for older adults include four to six small meals eaten frequently; sufficient intake of vitamins B_6, B_{12}, thiamin, C, D, E, and the minerals calcium, iron, and zinc is important. Regular exercise is needed to stimulate appetite and food intake. Weight loss can increase the risk of death following illness or disease.

Table 11.3

day. It is recommended that your diet include at least eight 8-ounce glasses of water per day. In addition to tap and bottled water, other sources of water include soup, beef, eggs, milk, bread, beverages, vegetables, and fresh fruits.

Nutritional Needs

Your nutritional needs will change during the various stages of the life cycle. The varying stages of growth that take place from infancy through adolescence make different demands on your body's nutritional requirements. Likewise, the three stages of adulthood have different nutritional requirements. Table 11.3 shows some of those special nutrition requirements.

PREGNANCY

The practice of good nutrition during pregnancy is very important. The decisions an expectant mother makes about nutrition affect her baby's health and future. During the early months of pregnancy, your baby's development is rapid, and inadequate nutrition can result in birth defects. By the end of the first trimester, the heart is completely formed and beating, and most of the organs are formed. During the second trimester, the fetus continues to grow and develop, and the bones become noticeably visible throughout the baby's body.

The third trimester also is a very crucial time for development. Proper development at this time is critical and requires additional nutrients. Deficiencies in certain nutrients can cause damage to the eyes, brain, and genitals as development is completed.

Often, an expectant mother is not aware she is pregnant during the first month or two of pregnancy. This means she may not be eating properly to supply the nutrients the baby needs in the early stages of development. This is one reason why girls should develop nutritional eating habits and continue them into their adult life. If they become pregnant, they can be sure of supplying all the nutrients needed during those important first months of pregnancy.

Pregnancy During Adolescence

Pregnancy during adolescence presents special risks for both the mother and the baby. Teenagers are still growing and need more nutrients than adults. It is difficult for a pregnant teenager to eat enough of the right food for her own growing body as well as for the developing baby.

Research shows that many teenage girls have poor eating habits. They often do not get enough of the essential nutrients. Pregnant teenagers are more likely than pregnant adults to have babies who are stillborn, premature, or have a low birth weight. Proper nutrition and medical care are vital for the expectant mother and her baby.

Nutrients During Pregnancy

A nutritious diet is essential during pregnancy. A pregnant woman needs proper nutrition to support the baby's growth and to maintain her health. The growth and development of the fetus increases the daily nutrient needs of the expectant mother. An increased intake of protein, folate, vitamin B_{12} (cyanocobalamin), calcium, phosphorus, magnesium, and iron is necessary to supply enough nutrients for fetal growth and development as well as the expectant mother's nutritional health. Even though the nutrient needs are much greater, the need for additional energy or calories only increases about 15 percent.

So that she does not consume too many calories, a pregnant woman should choose foods that are nutrient-dense. Nutrient density refers to foods that are excellent sources of essential nutrients but low in calories. Caloric needs are based on an expectant mother's condition at the onset of her pregnancy and should be determined by her health care provider. Most health care providers recommend a weight gain of between 20 and 30 pounds. Any additional weight gain or too little weight gain can cause problems during pregnancy and delivery.

Prenatal care is very important for every expectant mother, and a health care provider should be consulted early in pregnancy to maintain this care. Good nutrition is important during the entire pregnancy. A pregnant woman's health care

Daily Food Guide for The Expectant Mother

Food Group	Suggested Daily Servings
Milk, Yogurt, and Cheese	3 to 4 servings
Meat, Poultry, Fish, Dry Beans and Peas, Eggs, Nuts, and Seeds	3 servings
Vegetables	4 servings
Fruit	3 servings
Breads, Cereals, Rice, and Pasta (whole-grain or enriched)	7 to 11 servings

Table 11.4

provider probably will recommend a well-balanced diet of nutrient-dense foods. Because weight gain must be carefully monitored, it is essential that the expectant mother learn which foods provide the best nutrition without the added calories of excessive fat and sugar. Foods such as milk, lean meat, legumes, eggs, vitamin C-rich foods, dark green vegetables, and whole-grain cereals are recommended. Table 11.4 outlines a daily food guide for the expectant mother.

Iron and Folate

The nutritional need for iron and folate increases substantially during pregnancy. Many health care providers recommend supplements of iron and folate because it may be difficult for pregnant women to get the amounts needed in their diet.

Iron is needed during pregnancy for hemoglobin synthesis. Hemoglobin is the protein in red blood cells that carries oxygen to the cells and carbon dioxide away from the cells. The daily need for iron increases from 15 milligrams for a nonpregnant female to 30 milligrams for a pregnant female.

Food sources of iron include the following:

- dark green vegetables
- dried fruits
- fish
- legumes
- liver
- oysters
- red meat

The need for folate increases from 180 micrograms to 400 micrograms during pregnancy. Folate is needed for the synthesis of ***DNA*** (material in a cell that contains the genetic code) and formation of red blood cells.

Sources of folate include the following:

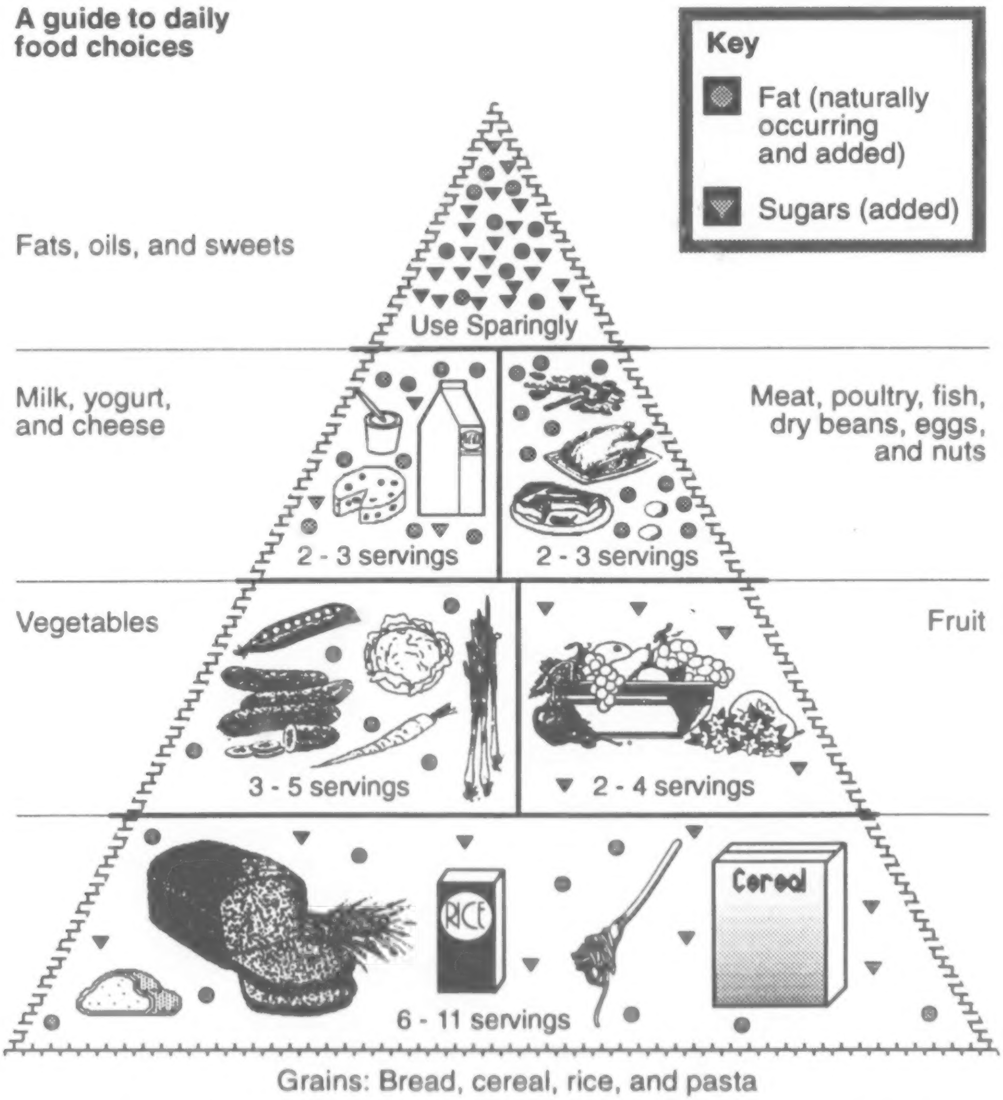
- asparagus
- beets
- broccoli
- romaine lettuce
- orange juice
- spinach
- turnip greens

Balanced Diet

A balanced diet requires that food choices be selected from the five basic food groups following the guidelines for the recommended number of servings and serving sizes. ***Basic food groups*** are assigned specific recommended servings for daily consumption. For good nutrition, a pregnant woman needs a variety of foods from the basic food groups. Each of these basic food groups serves the expectant mother in special ways. The food groups categorize foods of similar nutrient value. The five basic food groups include meat, poultry, fish, and alternates group; fruit group; vegetable group; bread, cereal, and grain group; and milk, yogurt, and cheese group. The groups, their sources, and suggested servings are included in table 11.5, Food Guide Pyramid: A Guide to Daily Food Choices, and table 11.6, A Pattern for Daily Food Choices. The Dietary Guidelines for Americans are explained in figure 11.1. Caution should be exercised when selecting foods from the fats, oils, and sweets category because high intake of these foods has been linked to an increased risk of heart disease and some cancers.

Because expectant mothers need to maintain a nutrient-dense diet, foods from the fats, oils, and sweets category should be limited only for the purpose of adding variety and flavor to meals.

Food Guide Pyramid


A guide to daily food choices
Key
● Fat (naturally occurring and added)
▼ Sugars (added)
Fats, oils, and sweets
Use Sparingly
Milk, yogurt, and cheese
2 - 3 servings
Meat, poultry, fish, dry beans, eggs, and nuts
2 - 3 servings
Vegetables
3 - 5 servings
Fruit
2 - 4 servings
RICE
Cereal
6 - 11 servings
Grains: Bread, cereal, rice, and pasta

Adapted from: "The Food Guide Pyramid," Home and Garden Bulletin No. 252, United States Department of Agriculture Human Nutrition Information Service.

Table 11.5

A Pattern for Daily Food Choices

Food Group	Suggested Daily Servings ***	One Serving Equals...
Milk, Yogurt, and Cheese	✦ 2 servings for adults ✦ 3 servings for children ✦ 4 servings for ages 11 to 24 ✦ 4 servings for women who are pregnant or breastfeeding	✦ 1 cup of milk ✦ 8 ounces of yogurt ✦ 1 1/2 ounces of natural cheese ✦ 2 ounces of process cheese
Meat, Poultry, Fish, Dry Beans and Peas, Eggs, Nuts, and Seeds	✦ 2 to 3 servings from the entire group	✦ Amounts should total 5 to 7 ounces of cooked lean meat, poultry, or fish a day. Count 1 egg, 1/2 cup cooked beans, or 2 tablespoons peanut butter as 1 ounce of meat.
Vegetables	✦ 3 to 5 servings from the entire group (Include all types regularly; use dark-green leafy vegetables and dry beans and peas several times a week.)	✦ 1/2 cup of cooked vegetables ✦ 1/2 cup of chopped raw vegetables, such as lettuce or spinach ✦ 1 cup of leafy raw vegetables, such as lettuce or spinach
Fruit	✦ 2 to 4 servings from the entire group	✦ a whole fruit such as a medium apple, banana, or orange ✦ a half grapefruit ✦ a melon wedge ✦ 3/4 cup of juice ✦ 1/2 cup berries ✦ 1/2 cup cooked or canned fruit ✦ 1/4 cup dried fruit
Breads, Cereals, Rice, and Pasta	✦ 6 - 11 servings from the entire group (Include several servings of whole-grain products daily.)	✦ 1 slice of bread ✦ 1/2 hamburger bun or english muffin a small roll, biscuit, or muffin ✦ 3 to 4 small or 2 large crackers ✦ 1/2 cup cooked cereal, rice or pasta ✦ 1 ounce of ready-to-eat breakfast cereal
Fats, Oils, Sweets, and Alcoholic Beverages	✦ Use Sparingly	✦ Avoid too many fats and sweets. ✦ Drinking alcohol is illegal for any person under the age of 21.

Adapted from: "Nutrition and Your Health: Dietary Guidelines for Americans," United States Departments of Agriculture and Health and Human Services, U.S. Government Printing Office, 1750 K Street, N.W., Washington, DC, 20006, 1990.

*** Refer to table 11.4, Daily Food Guide for the Expectant Mother, for serving requirements during pregnancy.

Table 11.6

Nutrition and Your Health:
DIETARY GUIDELINES FOR AMERICANS

1

Eat a variety of foods.

People need more than forty different nutrients for good health. Essential nutrients include vitamins, minerals, amino acids from protein, certain fatty acids from fat, and sources of calories (protein, carbohydrates, and fat). These nutrients should come from a variety of foods, not from a few highly fortified foods or supplements. Get the nutrients needed by choosing different foods you enjoy eating from the five major food groups. These groups are vegetables, fruits, grain products, milk and milk products, and meats and meat alternatives.

2

Maintain desirable weight.

Being too fat or too thin increases chances of developing health problems. Being too fat is common in the United States. It is linked with high blood pressure, heart disease, stroke, the most common type of diabetes, certain cancers, and other types of illness.

3

Choose a diet low in fat, saturated fat, and cholesterol.

Higher levels of saturated fat and cholesterol in the diet are linked to increased risk for heart disease. A diet low in fat makes it easier to include the variety of foods you need for nutrients without exceeding your calorie needs because fat contains over twice the calories of an equal amount of carbohydrates or protein.

4

Choose a diet with plenty of vegetables, fruits, and grain products.

Vegetables, fruits, and grain products are important parts of a varied diet. They are emphasized in this guideline especially for their complex carbohydrates, dietary fiber, and other food components linked to good health.

5

Use sugars only in moderation.

Sugars and many foods that contain them in large amounts supply calories but are limited in nutrients. Thus, they should be used in moderation by most healthy people and sparingly by people with low-calorie needs. The more often these foods—even small amounts—are eaten, the greater the risk for tooth decay.

6

Use salt and sodium only in moderation.

Table salt contains sodium and chloride—both are essential in the diet. However, most Americans eat more salt and sodium than they need. In the United States, about one in three adults has high blood pressure. If these people restrict their salt and sodium intake, usually their blood pressure will fall.

7

Avoid alcoholic beverages.

Drinking alcoholic beverages is illegal in Texas for people under age 21. Heavy drinking of alcoholic beverages is related to malnutrition, liver disease, and some forms of cancer. Drinking alcoholic beverages during pregnancy can damage the developing fetus. People who drink alcoholic beverages before driving increase their risk of car accidents.

Adapted From: "Nutrition and Your Health: Dietary Guidelines for Americans," Third Edition, 1990, Home and Garden Bulletin No. 232, U.S. Department of Agriculture and U.S. Department of Health and Human Services. "Dietary Guidelines and Your Diet: Home Economics Teacher's Guide, February 1996, U.S. Department of Agriculture and Human Nutrition Information Service.

Figure 11.1

Foods from this category never should be used as a substitute for any of the foods from the basic food groups. Pregnant women should try to avoid beverages such as soft drinks, tea, and coffee because they contain caffeine and are not good sources of nutrients. For more information about caffeine, refer to Chapter 6.

Most health care providers prescribe prenatal vitamins. Generally, vitamins promote good health, help protect against infection and disease, regulate body processes, and supplement vitamins and minerals not provided by the diet. Expectant mothers should take any prenatal vitamins under the supervision of a doctor/health care provider.

LACTATION

For the mother who is breast-feeding, nutrition is especially important for the infant's well-being. A breast-feeding mother should increase caloric intake by 500 to 800 calories in order to replace the calories lost through the breast milk. Healthy foods also should be eaten to replace the nutrients that are most prominent in breast milk. The mother who is breast-feeding needs more protein, as well as additional calcium and vitamin D. Many health care providers recommend that new mothers continue to take the vitamin and calcium supplements that were taken during pregnancy. In addition to these supplements, iron may be prescribed for the first three months after giving birth. While a new mother may be receiving sufficient amounts of iron, vitamin D, and fluoride, the breast milk she produces still could be lacking in these nutrients. In this case, a health care provider may recommend giving the infant a supplement with these nutrients.

Many mothers feel thirsty while breast-feeding, so they may want to keep a drink such as water nearby at feeding time. Hot drinks should be avoided during feedings because a squirming infant easily can hit them, causing them to spill. A spilled, hot liquid can injure the infant, the mother, or both.

While many mothers are concerned with losing the extra weight that has accompanied their pregnancies, weight loss should not be accomplished too quickly while breast-feeding. If caloric consumption is greatly reduced after giving birth, the quality and amount of milk produced will be affected. This could prevent the infant from getting enough nutrients necessary for proper development.

While breast-feeding, a mother should avoid substances that can pass from her system into her breast milk and on to the infant's system. These substances include caffeine, alcohol, and some medications. A physician should be consulted about medications to determine if they are safe for a breast feeding mother to take.

INFANCY

Good nutrition during infancy and childhood is essential for your child. A child's growth and development is very rapid throughout this period. Poor nutrition in early childhood cannot be offset by a good diet later in life. Poorly nourished children never catch up in growth. Mental development also can be affected by poor nutrition.

Newborn babies must get all of their nourishment from liquids. Their bodies are not developed enough to swallow and digest solid foods. Babies can either be breast-fed or bottle-fed. Additional information on both methods of feeding infants is provided in Chapter 12.

Breast-feeding

Breast-feeding (***nursing***) a baby is beneficial to both mother and child. It provides a physical closeness between the mother and child that gives a feeling of love and security. It also will help your baby stay healthy because the milk contains antibodies that help the baby fight infection. The milk also contains special nutrients and enzymes that help friendly bacteria grow in the baby's intestines. Breast milk is germ-free, ready-to-use, and at the right temperature whenever your baby needs it.

During the first few days of breast-feeding, the baby feeds on ***colostrum***, a creamy, yellow fluid in the breast. It is rich in nutrients and helps the baby fight infection. After a few days, the mother's milk supply begins.

Bottle-feeding

Some mothers are unable to breast-feed, or they simply prefer to bottle-feed. One advantage of bottle-feeding is that others can help feed the baby. Bottle-fed babies who are held and cuddled during feeding experience the same feelings of love and security as those who are breast-fed.

A special formula is used to bottle-feed your baby. Cow's milk alone cannot be used as it is difficult for the baby to digest. Also, it is lacking in enough iron. Formulas usually contain milk or a milk substitute plus added nutrients. You can purchase formula or make it at home. Both must be prepared under proper sanitary conditions.

Water

Normally, a baby receives enough liquid from mother's milk or formula. However, during illness or hot weather, it is wise to feed your baby additional water from a bottle. Do not give your baby soft drinks, sweetened juices or fruits drinks, coffee, tea, or alcohol.

Solid Food

Health experts generally agree that babies can start eating solid foods when they are four to six months old. The timing is usually up to the health care provider, who will recommend the kind of food to give.

Solid foods for babies include cereals, vegetables, fruits, meats, poultry, and fish. These foods are cooked, mashed, and strained. Although most people buy commercially-prepared baby food, making it at home is easy and generally costs less. For instructions on preparing baby food at home, refer to Chapter 12.

Daily Food Guide for Young Children

Food Group	Average Serving Size		Suggested Daily Servings
	1 to 3 years	4 to 5 years	
Milk, Yogurt, and Cheese (1 1/2 oz. cheese = 1 cup milk) Low-fat is preferred	1/2 cup	3/4 cup	3 servings
Meat, Poultry, Fish, Dry Beans and Peas, Eggs, Nuts, and Seeds			2 to 3 servings
Eggs	1 egg	1 egg	
Lean meat, poultry, fish, dry beans, and peas	2 tbsp.	4 tbsp.	
Peanut butter	1 tbsp.	2 tbsp.	
Vegetables (includes dark green and yellow)	2 to 3 tbsp.	4 tbsp.	3 to 5 servings
Fruit (citrus, melons, berries, and other fruit)	1/3 to 1/2 cup	1/2 cup	2 to 4 servings
Breads, Cereals, Rice, and Pasta (whole grain or enriched)			6 to 11 servings
Bread, bun, pizza	1/2 to 1 slice	1 slice	
Ready-to-eat cereal	1/2 to 3/4 oz.	1 oz.	
Cooked grains	1/4 to 1/3 cup	1/2 cup	

Table 11.7

As your baby grows older, he or she can begin to eat foods that are thicker and have more texture. Before long, your baby can eat many of the foods that the rest of your family eats. However, your baby's ability to chew, swallow, and digest food is not fully developed. You must provide food that is easy to chew. Cut meat into very small pieces and remove seeds and tough skins from fruit before serving. Avoid foods such as popcorn, nuts, raisins, and hot dogs because babies can choke easily on them. Do not give your baby greasy or spicy foods, and avoid sweets.

When your baby first starts to eat solid food, mealtime can be quite messy. It takes time for an infant to learn the techniques of eating. Be understanding and do not scold your child if she or he makes a mess. Encourage your child with love and patience.

EARLY CHILDHOOD

To grow up healthy and strong, children need to eat a variety of nutritious foods. Many children are fussy eaters. One time they may eat only vegetables and the next time refuse to eat any. You can encourage healthy eating habits by providing well-balanced meals and healthy snacks for your child.

Children need varying amounts of nutrients, depending on their ages. Table 11.7, on the preceding page, shows the number of servings children should have daily from each food group. It also notes the serving sizes. Although your child needs the same kinds of food as you do, smaller amounts are needed for children. Remember, your child has a smaller stomach that can hold only a small amount of food at one time, so serve children smaller portions. Refer to table 11.6 to compare adult-sized with child-sized portions.

Try to include your child's favorite foods in daily menus, but at the same time, introduce new foods. The wider the variety of flavors and textures children experience and enjoy, the better chance they will have of eating a nutritious diet.

Do not use food to reward or to punish your child's actions. This could create future problems. Make mealtime an interesting and happy experience for your child. If possible, share that time together. Let your child help select and prepare the food and set the table. If children are involved with food selection and preparation, they will be more likely to eat and enjoy it.

Points to Remember

- The nutrients your body gets from food enable your body to work, supply building blocks for growth and development of bones and tissue, and furnish energy for work and play. Food also provides other nutrients that enable your body to perform all of its important functions.
- Foods that are nutrient dense are excellent sources of essential nutrients with few, if any, empty calories. Empty-calorie foods refer to foods that provide calories or energy but little or no nutritive value.
- The average American adult eats twice as much protein as is needed. It is recommended for most children and adults that 10 to 15 percent of calories come from protein. Protein needs increase during times of growth, such as childhood, adolescence, pregnancy, and lactation.
- Your diet should consist of no more than 30 percent fat. Many sources recommend that of this 30 percent, 10 percent should come from unsaturated fats, 10 percent from polyunsaturated fats, and no more than 10 percent should come from saturated fats.
- Your nutritional needs will change during the various stages of the life cycle. The varying stages of growth that take place from infancy through adolescence make different demands on your body's nutritional requirements.
- During the early months of pregnancy, an unborn baby depends entirely on his or her mother for nutrition needs. The baby's health depends greatly on the expectant mother's lifestyle and the food she eats.
- A nutritious diet is essential during pregnancy. During pregnancy, an expectant mother not only needs adequate nutrients for her own health, but she also needs additional nutrients for the growth and development of the fetus.
- Good nutrition during infancy and childhood is essential for your child. Poor nutrition in early childhood cannot be offset by a good diet later in life. Poorly nourished children never catch up in growth. Mental development also can be affected by poor nutrition.
- Health experts generally agree that babies can start eating solid foods when they are four to six months old. The timing is usually up to the health care provider, who will recommend the kind of food to give.
- Make mealtime an interesting and happy experience for your child. If possible, share that time together. If children are involved with food selection and preparation, they will be more likely to eat and enjoy it.

Vocabulary

amino acids
ascorbic acid
basic food groups
biotin
carbohydrates
colostrum
complete proteins
complex carbohydrates
cyanocobalamin
DNA

empty-calorie foods
fat-soluble vitamins
fats
fiber
folate
hemoglobin
incomplete proteins
lipid
macrominerals
microminerals
minerals
monounsaturated fats
niacin
nursing
nutrient dense
nutrients
pantothenic acid
polyunsaturated fats
protein
pyridoxine
RDA
riboflavin
saturated fats
simple carbohydrates
starches
sugars
thiamin
triglycerides
U.S. RDA
vitamin A
vitamin D
vitamin E
vitamin K
vitamins
water-soluble vitamins

Review

1. Define the terms *nutrient-dense foods* and *empty-calorie foods* and give two examples of each type.
2. List three functions protein performs.
3. Record several ways incomplete proteins can be combined to form complete proteins. Be original.
4. Carbohydrates are broken down into three substances. What are they?
5. Choose two fat-soluble vitamins and two water-soluble vitamins and describe their functions and sources.
6. What are the two groups of minerals? Give an example of each type.
7. Explain four of the functions of fat in your body.
8. What are the three classifications of fats?
9. Discuss why proper nutrition is so important for pregnant women.
10. Why should a woman who is breast-feeding not drink hot beverages while feeding her baby?
11. Why is proper nutrition important during infancy and childhood? What problems could result from improper nutrition?

12

Procedures for Feeding a Baby

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

➪ Demonstrate the proper procedures for preparing formulas and baby food and feeding a baby.(5D)

Before birth, your baby's needs were taken care of more or less automatically. Nourishment was constantly supplied through the umbilical cord. After a baby is born, the baby depends on someone to provide the nourishment that is necessary for survival. Many parents may be concerned about what feeding method is best for their infant.

A decision that must be made prior to your baby's arrival is whether to breast-feed or bottle-feed. Breast milk provides all of the nourishment your baby needs; however, your baby will not suffer if you should decide to bottle-feed. You should discuss your options with your doctor and your baby's doctor/health care provider. They can help you decide which method of feeding will be best for your situation. Whether you decide your baby will be breast-fed or bottle-fed, your health care provider can furnish instructions on how to manage the method of your choice.

Breast-feeding

Breast milk provides the nourishment your baby needs. Breast milk also contains substances that provide protection against allergies and against some diseases until the baby's own immune system has matured; infant formula cannot provide this protection. In addition, breast milk is easily digestible and gentle on your infant's digestive system.

Advantages of breast-feeding include the following:

- Breast milk is nutritionally superior to any alternative.
- It is safe from harmful bacteria and always fresh.
- Breast milk contains a variety of ***immunoglobulins*** which provide immunity and fight infection.
- It is the least allergenic of any food.

- Breast-fed babies are less likely to overeat or be overfed.
- Nursing promotes good jaw and tooth development.
- If infants are totally breast-fed, spit-ups will not stain clothes.
- Breast milk costs less than commercial infant formula.

If breast-feeding is the choice you make for your baby, it is important to remember the following:

- The mother should increase her food intake by 500 to 800 calories per day.
- The mother should increase her water intake by drinking more liquid—this will produce more milk.
- If adequate nutrients are not provided in the mother's diet, the quantity of breast milk will decrease, not the quality.

The mother's breast will produce colostrum for the first three to four days after a baby is born. ***Colostrum*** is a thick, yellow substance that is rich in fat, vitamins, and minerals as well as antibodies to help your baby fight infection. Microminerals in colostrum have been estimated at three to ten times that of normal milk. Once the mother's body begins to produce milk, her milk supply will be stimulated naturally by the baby's sucking. Breast milk is produced by the mother's body based on simple supply and demand. The more the baby nurses, the more milk the mother's body produces.

Problems That Can Occur With Breast-Feeding

Problem	Treatment
Engorgement	Soften breasts by laying warm washcloths on them or stand facing warm shower.
Leaking Breasts	Use breast pads, press the heel of hand on nipple as feeding begins. Leaking will diminish as the mother's milk supply matches the baby's appetite.
Blocked Duct	Soak breast in hot water or hot towel and massage; put baby to the breast. If left untreated, may lead to mastitis.
Mastitis	Antibiotics prescribed by a physician. Never let a sore, tender lump in breast go more than a day without seeking medical assistance.

Table 12.1

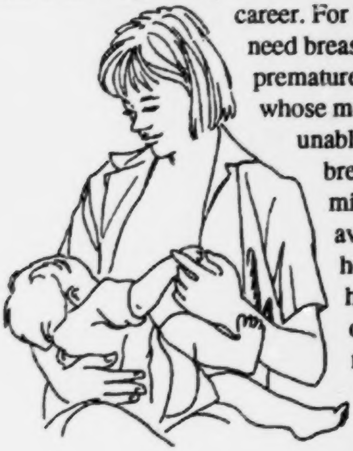
At the beginning of the feeding cycle, the mother's breast produces ***foremilk***. Foremilk is watery and thirst-quenching. As the baby nurses, the fat content of the milk rises and the baby begins receiving the ***hindmilk***. The hindmilk is rich in calories and nutrients; therefore, it is important for your baby to nurse for at least ten to fifteen minutes on one breast at each feeding to satisfy hunger.

The ability for mothers to ***express***, or squeeze out, their own milk allows for greater flexibility. Breast milk can be frozen for up to one month, and someone other than the mother can feed the baby. Milk can be expressed by hand or by using a breast pump. A breast pump may be faster and less tiring than expressing milk by hand. Several types of breast pumps are available including the bulb, syringe, and electric pump. The electric pump is used primarily when expressing large quantities of milk.

Anything that the mother consumes can be passed to her baby through breast milk in varying quantities, including drugs, alcohol, and nicotine. A mother must be careful what she consumes while breast-feeding. The mother should check with her doctor and the baby's doctor before taking any medication and should not smoke or drink alcohol while breast-feeding.

Changes occur in a women's breasts which allow her to breast-feed. Sometimes these changes can result in problems. Problems which a woman may experience during breast-feeding are described in Chapter 9. Common treatments for those problems are reviewed in table 12.1.

Breast-feeding may not be the best choice for all mothers and infants. Some mothers are unable to nurse. Others may find it physically painful, embarrassing, or impossible because of school or career. For those infants who need breast milk, such as premature babies, but whose mothers may be unable or unwilling to breast-feed, breast milk may be available at the hospital. Some hospitals have established breast milk banks where they store donor milk for those in need.



Bottle-feeding

An infant who is breast-fed needs nothing else until age six months. An infant who is bottle-fed needs vitamin and mineral supplements for the first one to two months, especially vitamins A, C, and D, and iron.

Advantages of bottle-feeding include the following:
- Formula is digested more slowly.
- Bottle-feeding helps eliminate night feeding.
- Formulas are scientifically balanced and fortified for safety and nutrition.
- The mother can still cuddle with baby and additional persons such as the father can cuddle and feed the infant.

If you choose to bottle-feed your baby, check with your baby's doctor to select a manufacturer's brand of infant formula. It is very important that you always follow the directions carefully when mixing and feeding infant formulas.

Problems That Can Occur With Bottle-Feeding

- tendency to overfeed
- tendency to "prop" a bottle
- tendency to put a baby to bed with a bottle—bad on mouth and teeth and can lead to ear infections
- improper mixing of formula
- costly
- baby may have allergies
- takes time to heat the bottle

If you plan to bottle-feed your baby you will need the following supplies:
- bottles
- extra nipples
- bottle brush
- can opener
- measuring cup
- sterilizing unit
- formula

BOTTLES

For a fully bottle-fed baby, you will need at least eight 8-ounce bottles. Bottles also come in 4-ounce sizes. The 4-ounce size may fit your needs more for the first month or so since your baby only will eat approximately 4 ounces at each feeding. Some bottles come with a nipple, ring, and cap. It is a good idea to purchase extra nipples and keep them ready to use in a clean jar. Sometimes the holes in nipples are either too small or too large, making it difficult for your baby to get the right amount out of the bottle. It may be necessary to change nipples during a feeding if this is the case.

Bottles also come in varying shapes and colors. Some bottles have throw-away liners which reduce the air your baby swallows. Some bottles are made of plastic and some are made of glass. Some may come with decorative designs and others may be plain. When selecting bottles, it is important to select those that can be sterilized if necessary and to choose a bottle design that you find comfortable to hold. Refer to figure 12.1 for more information on bottle types.

NIPPLES

Bottle nipples come in a variety of shapes. It is important to find the type that suits your baby best. The following are four types of nipples
- universal
- wide-based
- natural-shaped
- anti-colic

The four types of nipples are pictured in figure 12.2.

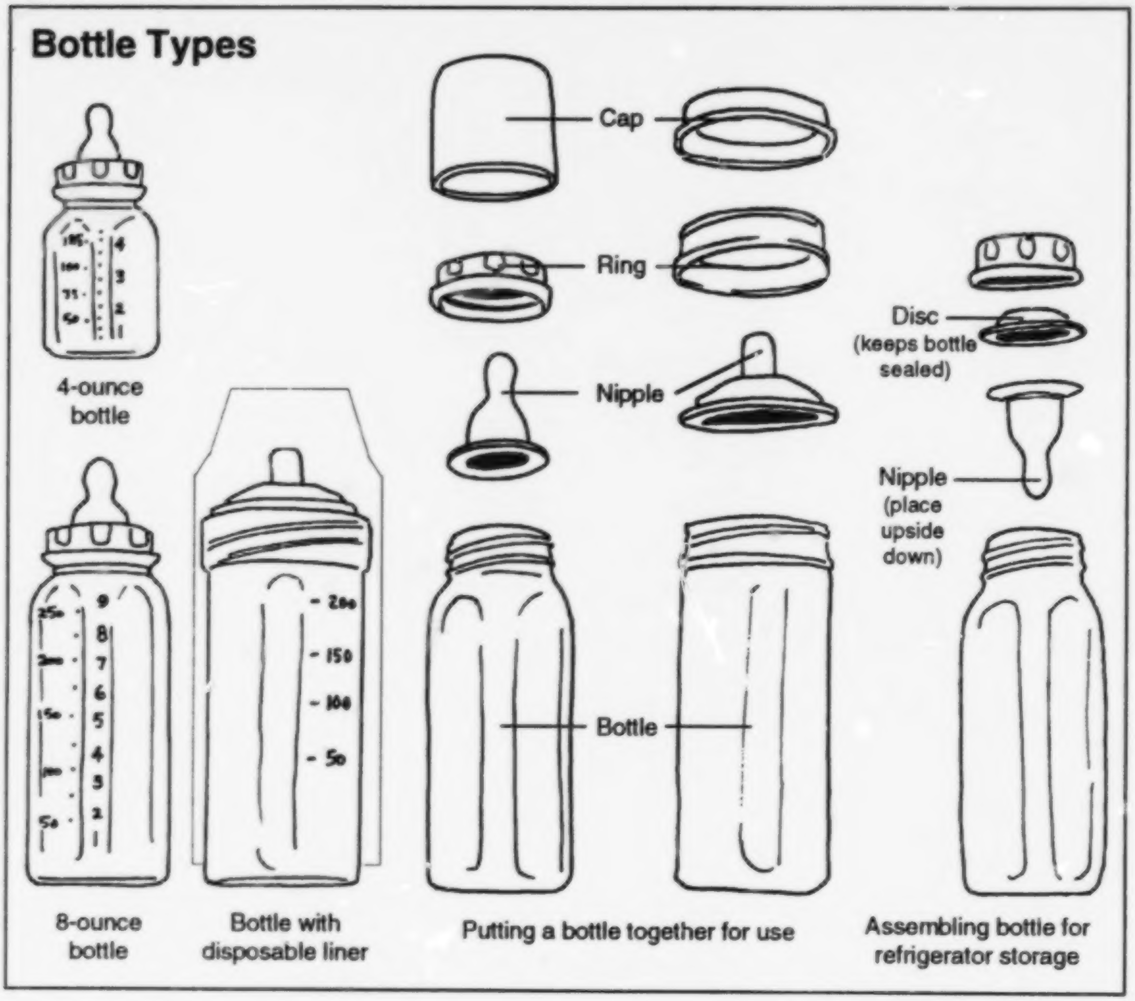

Bottle Types
Cap
Ring
Nipple
Disc
(keeps bottle sealed)
Nipple
(place upside down)
4-ounce bottle
Bottle
8-ounce bottle
Bottle with disposable liner
Putting a bottle together for use
Assembling bottle for refrigerator storage

Figure 12.1

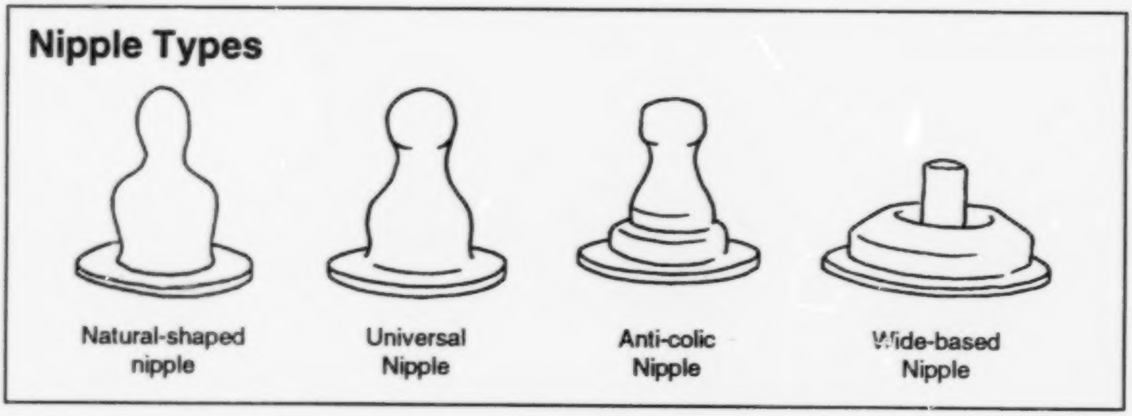

Nipple Types
Natural-shaped nipple
Universal Nipple
Anti-colic Nipple
Wide-based Nipple

Figure 12.2

Universal Nipple

The ***universal nipple*** is interchangeable among different bottles. The universal nipple is often referred to as a standard bottle nipple. There may be two to three pinpoint holes in the nipple or it may be a cross-cut hole. A cross-cut nipple gives a better flow of formula.

Wide-based Nipple

The ***wide-based nipple*** is not interchangeable among different bottles. It is used with bottles that have disposable liners.

Natural-shaped Nipple

A ***natural-shaped nipple*** most closely resembles the sucking action of feeding from the mother's breast. Because of this, it encourages proper development of your baby's jaws. The holes should point to the top of your baby's mouth so that the formula sprays the roof of the mouth.

Anti-colic Nipple

The ***anti-colic nipple*** lets air into the bottle as the baby sucks. The nipple does not collapse, which allows a steady stream of formula without the baby gulping air. Anti-colic nipples are made of silicone, which last for about a year, or latex, which last about one to two months.

OTHER EQUIPMENT

A bottle brush is needed to clean inside the bottles. It is important to clean the bottles thoroughly, and the bottle brush is an excellent tool for achieving this. The bottle brush should be used only for cleaning baby bottles. A punch-type can opener is needed for opening cans of formula. It should be washed well prior to each use.

A measuring cup is an optional piece of equipment. It can be used for measuring concentrated liquid or powdered formula when mixing multiple feedings at one time.

CLEANING BOTTLES

Not all doctors agree about the need to sterilize bottles and nipples. If the equipment is washed thoroughly in soapy, hot water, you may not need to sterilize. However, you should check with your baby's doctor to see what he or she recommends.

The following procedures should be used when cleaning bottle-feeding equipment:

1. Rinse out all equipment.
2. Put all equipment into hot, soapy water, and wash each piece individually.
3. Scrub the inside of all bottles with the bottle brush. Be sure to scrub around the necks as well as inside the bottle.
4. Rinse the bottles, nipples, and other equipment thoroughly using running water.
5. If your baby's doctor recommends that you sterilize the equipment, place all equipment in an extra-large pot filled with water, and boil for five minutes. Use tongs to remove the equipment as it will be very hot.

Do not let the sterilized equipment sit on the counter very long or dust and bacteria will accumulate on them. Equipment should be stored in the refrigerator or covered container.

PREPARING FORMULA

During the first few weeks of your baby's life, if you are bottle-feeding, it is a good idea to keep several bottles of freshly prepared formula in the refrigerator so that you can respond to your baby's need for nourishment quickly and easily. Most infant formulas are modified cow's milk. Your baby's doctor will help you choose the brand of formula that is best for your baby. You may need to change formula brands if the first formula you try does not agree with your baby's system. However, never do so without the advice of your baby's doctor.

Infant formula is available in three forms:

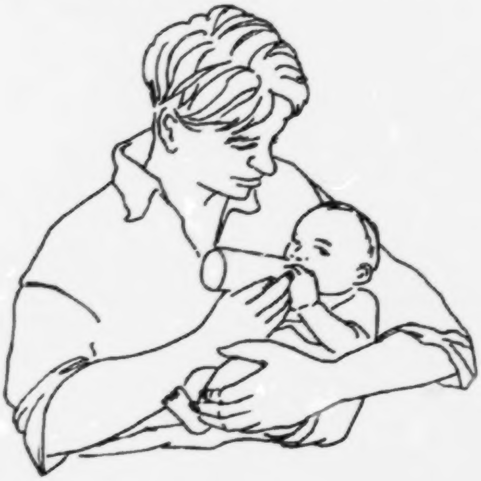
- ready-to-feed
- concentrated liquid
- powder form

Ready-to-feed Formula

Ready-to-feed formula is a very convenient option for feeding your baby. It is usually the most expensive form to buy. Ready-to-feed formula has already been sterilized and is ready-to-use straight from the can. Unopened cans should be stored in a cool place. It is very important that you check the expiration date on the can. Never give your baby formula from a can if the expiration date has expired.

Opened cans can be stored in the refrigerator for twenty-four hours. The formula can be stored in clean or sterilized bottles or in the can as long as it is covered. Remember not to store ready-to-feed formula longer than twenty-four hours.

When using ready-to-feed formula, you will need the following:
- boiling water
- punch-type can opener
- can of formula
- bottles and nipples



Prepare formula using the following steps:
1. Rinse the top of the can of formula with boiling water. Shake the can well to ensure even distribution of the formula.
2. Make one opening on the top of the can with the punch-type can opener. Make a smaller, second opening on the opposite side of the top of the can from the first opening.
3. Pour the formula into clean bottle(s).
4. Attach the nipple, ring, and cap. Shake the bottle. Always test the temperature of the formula prior to feeding. Do this by shaking a few drops on the inside of your wrist. The milk should feel lukewarm.

Concentrated Liquid Formula

The instructions on the can of ***concentrated liquid infant formula*** tell you the correct amount of formula and water measures. It is very important to follow the directions correctly to achieve the correct proportions. Adding too much formula will result in a dangerous concentration which can cause kidney damage to your infant. Adding too little formula could cause your baby to gain weight too slowly and eventually become malnourished.

Always use fresh tap water when mixing your baby's formula. It should be boiled only once prior to mixing. The following types of water should not be used when mixing infant formula:
- water boiled more than once or water left standing in a pan or kettle for more than an hour or two
- mineral water
- water from tap with a domestic filter attached
- water from a tap with a domestic softener attached

There are two ways to mix your baby's formula: directly in the bottles or in a container or measuring cup. Mix the formula in a measuring cup when using bottles with disposable liners.

When using concentrated liquid formula, you will need the following:
- boiling water
- punch-type can opener
- can of formula
- bottles and nipples

Prepare formula using the following steps:
1. Fill a kettle with fresh tap water and boil it. Rinse the top of the can with boiling water. Shake the can well to ensure even distribution of the formula. Let the boiling water cool for five minutes.
2. Make one opening on the top of the can with the punch-type can opener. Make a smaller, second opening on the opposite side of the top of the can.
3. Pour the concentrated formula into a clean bottle being careful to measure the appropriate amount of liquid as designated on the can of formula. Check the amount at eye level. Mix the formula in a separate sterilized container when using bottles with disposable liners.
4. Pour the cooled-boiled water into the bottle using the appropriate amount as designated

on the can of concentrated liquid formula.

5. Attach the nipple, ring, and cap. Shake the bottle. Always test the formula temperature prior to feeding.

Powdered Formula

Powdered formula is usually the least-expensive type to purchase. Mixing the powder form of infant formula is similar to mixing the concentrated liquid infant formula. The instructions on the can will tell you the correct number of scoops and the correct amount of water to mix together. Again, it is very important to maintain these proportions exactly as directed on the can.

When using powdered formula, you will need the following:

- boiling water
- powdered formula
- bottles and nipples
- knife
- paper towels

Prepare formula using the following steps:

1. Rinse freshly washed equipment with boiling water. Drain equipment on paper towels. Dry the knife.
2. Boil fresh water, and pour the boiling water into the bottle(s) filling to the appropriate level as designated on the can of powdered formula. Check the water level at eye level, making sure the measurement is exact so that the formula is mixed to the right concentration. Mix the formula in a separate sterilized container when using bottles with disposable liners.
3. Open the can of powdered formula, and use the scoop inside to measure the appropriate amount of powder as designated on the can. Level each scoop off with the back of the cleaned knife. It is important to avoid heaping the powder in the scoop or packing the powder down inside the scoop.
4. Drop each scoop into the bottle(s) making sure that you add only the number of scoops recommended. The powder will dissolve in the hot water.
5. Attach the nipple, ring, and cap. Shake the bottle briskly to ensure that the formula is mixed thoroughly. Always test the temperature of the formula prior to feeding.

Feeding Your Baby

Feeding your baby is not just a time to provide nourishment. Feeding also provides the opportunity for cuddling, body contact, and talking softly to your child. All of your baby's senses are stimulated.

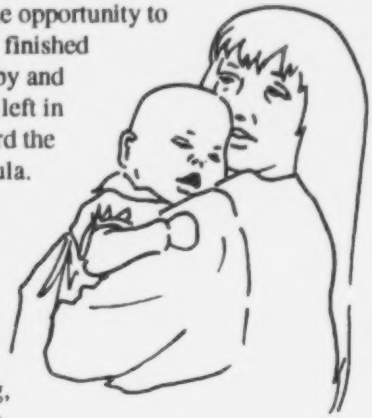
A new baby's schedule of eating and sleeping is unpredictable at first. Newborns need to eat about as much as they want and as often as they want. In the beginning, a newborn may eat six to eight times or more during a twenty-four hour period. By the second or third month, a regular schedule probably will occur. Your baby may awaken every three or four hours and demand to be fed. Eventually, those late-night feedings usually disappear and your baby is able to sleep for longer periods of time.

GUIDELINES FOR FEEDING YOUR INFANT

The following are guidelines for feeding your baby:

- Sit in a comfortable chair, preferably one with arm rests. Cradle the baby in your arms so that you are face to face. You may need to put a pillow in your lap under the baby for better support.
- For bottle-feeding, hold the baby in a semi-upright position. Hold the bottle so that the neck and nipple are always filled with milk. Never prop the bottle, and do not leave the baby alone to drink the formula. If your baby falls asleep, remove the bottle from her or his mouth. Never put a baby to bed with a bottle.
- If breast-feeding, keep the breast from pressing against the baby's nose so that the baby can breathe freely while nursing. Alternate breasts between feedings. You may want to use a breast pump and keep breast milk on hand. This way, the father and others can help with the feeding.
- To "burp" or "bubble" the baby, hold the baby upright, either sitting on your lap or lying against your shoulder, and gently pat the back until the air bubble is released and you hear the burp. This expels air swallowed during feeding which can cause discomfort.

Warm formula is an excellent medium for bacteria to grow, primarily bacteria that cause gastroenteritis. ***Gastroenteritis*** is a disease that can be life-threatening in a young baby. You must be extremely careful with your baby's bottles to ensure that this harmful bacteria does not have the opportunity to grow. If you are finished feeding your baby and there is formula left in the bottle, discard the remaining formula.



If your baby has been breast-fed and you must switch or desire to switch to bottle-feeding, it is important to remember that the transition should be gradual if at all possible. Offer one bottle every day in place of breast milk. Start with a midday nursing. Save nighttime nursing for the last one to convert to bottle-feedings.

WEANING

Weaning is changing a baby from drinking from the bottle or breast to drinking from a cup. Weaning is a gradual process that is usually begun by the tenth or eleventh month. In general, weaning begins when a baby begins to show signs of being bored with the bottle or breast. For example, when your baby begins regularly to chew on the nipple or play with his or her hands or with the person who is feeding, it is a good indication that your child will find that drinking from a cup or eating from a spoon is an exciting new experience. Check with your baby's doctor/health care provider before introducing anything into your baby's diet, because doing so too soon can cause problems.

Solid Foods

The American Academy of Pediatrics divides infant feeding into three categories:

1. ***Nursing Period*** when only formula or human breast milk is given.
2. ***Transitional Period*** when solids are added.
3. ***Modified Adult Phase*** during which the bulk of your child's caloric intake comes from the table and less and less from the bottle or breast.

For the first three to four months of life, infants will receive adequate nutrients from either mother's milk or a recommended infant formula. Most doctors believe it is not beneficial to offer babies solid foods until after the fourth month. As a parent, remember that situations differ and that you need to follow your doctor's instructions.

Most experts recommend that you introduce new foods to your baby when she or he is well, happy, and content. Do not begin solid foods when your baby has been sick. When your baby is ready for solid foods, your baby's doctor/health care provider probably will recommend starting with a baby cereal—usually rice cereal because rice is less likely to cause an allergic reaction. A small amount of baby cereal may be mixed with formula or breast milk. Most doctors recommend avoiding citrus fruits, tomatoes, fish, berries, egg whites, and spinach, because babies do not digest these foods easily.

Gradually, babies may be fed a variety of foods, from cereals and fruits to vegetables and meats. If solid foods are begun too early, your baby may suffer from allergies, indigestion, constipation, and diarrhea. The kidneys and intestines of a young baby must be mature enough to handle more than formula or breast milk before introducing solid foods. Therefore, not all babies will start on solid foods at the same age.

After cereals, your baby will probably be given strained foods. Your baby's doctor will provide a list of suggested first foods with the appropriate amounts indicated. Be sure to add only one new food a day. If a certain food causes an allergic reaction or digestive trouble, it will be easier to identify which food is causing the problem.

PREPARING SOLID FOODS

When you begin to feed your child solid foods, you may want to purchase commercially-prepared baby food, or you may choose to make your own baby food, using fresh fruits, vegetables, and meats.

The following is a list of equipment that you will need when your baby begins eating solid foods:

- plastic bowl
- spoon with long-handle for first taste
- spoon that will fit your baby's hands
- plastic cup with spouted lid and two handles; cup should be weighted on the bottom to prevent spills
- bib
- high chair—recommended for babies at age six months or when able to can sit up steadily
- booster seat—recommended for ages eighteen months to two years

Commercially-Prepared Baby Food

If you choose to purchase commercially-prepared baby food, be sure to choose types and consistencies of food suitable for the age of your baby. Many varieties of commercially-prepared baby foods are available such as fruits, vegetables, meats, and combinations of these foods. Consult your baby's doctor about the brand, the type of food, and the order and age at which these foods should be introduced.

Homemade Baby Food

If you decide to make your own baby food, extra preparation time is necessary. Making baby food is usually more economical.

Prepare homemade baby food using the following steps:

1. Clean, peel, slice, and remove all seeds and pits from fruits and vegetables.
2. Bake, boil, or steam the food until it is tender. Do not season the food.
3. At first, purée or mash food using a fork, blender, food mill, or food processor for a smooth and lumpless consistency. Gradually, as your baby learns to swallow solid foods, other foods can be whipped or chopped to the texture of cottage cheese.
4. A small amount of water, formula, or breast milk can be mixed into some foods to make them thinner.
5. Always test the temperature of the food prior to feeding, making sure it is not too hot.
6. Homemade baby food can be used immediately or frozen for future use.

Storage

Baby food should be stored in clean containers with tight-fitting lids. Food in open baby food jars and homemade baby food should be refrigerated and consumed within twenty-four hours. After the time has elapsed, it is important to discard the food.

Commercially-prepared baby foods can be stored on the shelf until they expire. Never feed your baby food from a jar of baby food that has expired. Discard any expired jars immediately.

Homemade baby food stays fresh in the freezer for up to one month. The ***ice-cube storage method*** is suggested because it provides food in small servings ideal for babies. To use this method, pour freshly puréed food into clean ice-cube-tray compartments. Cover the trays tightly with waxed paper or plastic wrap and place in the freezer. When the cubes of food have frozen solid, the squares can be placed in larger freezer bags, sealed, and dated. Store only one type of food per bag. Never refreeze leftovers.

Preparation

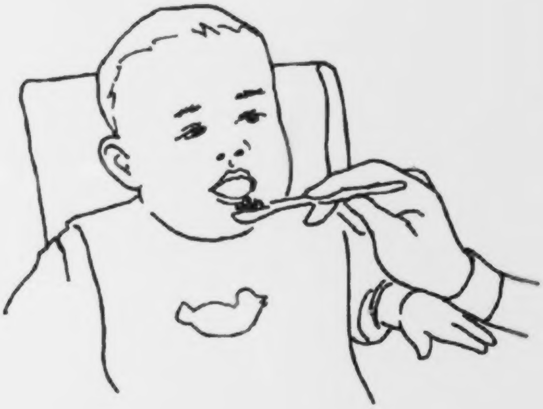
You may find it convenient to warm your baby's food in a microwave oven. Place only the amount of food you intend to feed your baby and heat only that portion in a microwave-safe bowl. Carefully check the temperature of foods heated in the microwave because they reach high temperatures very quickly and may not appear as hot as they actually are.

You also can warm commercially-prepared baby food by placing the jar in a pot of hot water on your stove. Never place a cold jar in boiling water. The jar may break and can lead to a potentially dangerous situation. Frozen homemade baby food can be thawed about one-half hour before feeding. It can then be warmed in a double boiler, oven, electric warming plate, or microwave oven. Always test the temperature of the baby food before feeding it to your baby.

Once you have removed a portion of baby food from a jar or other container to feed your baby, never reheat or reuse the removed portion. If you are finished feeding your baby and there is food left in the dish, or if you are feeding directly from a jar, discard the remaining food. Any food that your baby's spoon has touched can be contaminated by bacteria in the mouth.

Finger Food

Around the age of nine months, when your baby has teeth and develops ample thumb- and forefinger-control, he or she may be ready for finger foods. ***Finger foods*** offer a first attempt at self-feeding and can include foods such as bagels, crackers, dry unsweetened cereals, or unsalted pretzels. When offering your child finger foods, avoid hard raw vegetables and fruits, nuts, candy, and similar foods which may cause choking. Hot dogs are a popular early finger food that should be offered with caution. Never allow babies to eat whole uncut hot dogs. The diameter can fit perfectly into a baby's airway. Slice hot dogs lengthwise (in half or in fourths) before offering them to your child.



INTRODUCING SOLID FOODS

When you first introduce solids, your baby will not know what to do with them. To help your baby learn to eat solid foods, you can start with a small amount of food in a small spoon with a long handle. Insert the spoon between the baby's lips, so that she or he can suck from the spoon. At first, your baby may spit out the food. This may not indicate dislike, but the baby may need time before accepting the food readily.

When a baby reaches eight to ten months old, it is typical for the baby to grab for the spoon in an attempt to feed himself or herself. The baby also may begin to open her or his mouth for the spoon and try to eat with the fingers, indicating that the infant is preparing to try feeding himself or herself. You may want to start by introducing finger foods like crackers or unsalted pretzels first. Your baby's first attempts at ***self-feeding*** with a spoon may be messy and unsuccessful. You can assist by using another spoon, occasionally feeding the baby some food.

Nutritional Needs

Feeding a baby involves much more than mastering the techniques. Nutrition is possibly the most important factor in your baby's environment because it affects growth, functioning, and resistance to disease. Poor nutrition can result in stunted growth. Even when an initially poor diet is improved later in childhood, the losses in growth potential can never be made up. Since you are responsible for the care of your infant, you must make sure that the infant's nutritional needs are being met. It is very important that you follow the feeding recommendations of your baby's doctor/health care provider to ensure that your baby's nutritional needs are adequately met.

Points to Remember.

- After a baby is born, the baby depends on someone to provide the nourishment that is necessary for survival.
- A decision that must be made prior to your baby's arrival is whether to breast-feed or bottle-feed.
- Anything that the mother consumes can be passed to her baby through breast milk in varying quantities including drugs, alcohol, and nicotine. A mother must be careful what she consumes while breast-feeding.
- If you choose to bottle-feed your baby, check with your baby's doctor to select a manufacturer's brand of infant formula.
- Bottle nipples come in a variety of shapes. It is important to find the type that suits your baby best.
- During the first few weeks of your baby's life (if you are bottle-feeding your baby) it is a good idea to keep several bottles of freshly prepared formula in the refrigerator so that you can respond to your baby's need for nourishment quickly and easily.
- A new baby's schedule of eating and sleeping is unpredictable at first. Newborns need to eat about as much as they want and as often as they want.
- Warm formula is an excellent medium for bacteria to grow, primarily bacteria that cause gastroenteritis.
- For the first three to four months of life, infants will receive adequate nutrients from either mother's milk or a recommended infant formula.
- Gradually, babies may be fed a variety of foods, from cereals and fruits to vegetables and meats. If solid foods are begun too early, your baby may suffer from allergies, indigestion, constipation, and diarrhea.
- You may want to purchase commercially-prepared baby food or make your own baby food, using fresh fruits, vegetables, and meats.
- Feeding a baby involves much more than mastering the techniques. Nutrition is possibly the most important factor in your baby's environment because it affects growth, functioning, and resistance to disease.

Vocabulary

anti-colic nipple
colostrum
concentrated liquid infant formula
express
finger foods
foremilk
gastroenteritis
hindmilk
ice-cube storage method
immunoglobulins
modified adult phase
natural-shaped nipple
nursing period
powdered formula
ready-to-feed formula
self-feeding
transitional period
universal nipple
weaning
wide-based nipple

Review

1. List three advantages of breast-feeding.
2. Describe one problem that can occur with breast-feeding.
3. Why is it important for a mother who is breast-feeding to avoid alcohol?
4. Identify three advantages of bottle-feeding.
5. What are the four types of bottle nipples?
6. Should bottles be sterilized before using them?
7. In what three forms can you purchase infant formula?
8. What type of water should be used to mix concentrated liquid formula and powder formula?
9. What are the three infant feeding categories according to the American Academy of Pediatrics?
10. At what age should solid foods be introduced to your baby?

13

Caring for a Sick Child

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

➪ Describe techniques for caring for a sick child. (5E)

When you suspect that your baby is ill, it is wise to consult a doctor since illness in a newborn can be much more serious than illness in an older child. It is never easy caring for a child who is ill. Normal routines are upset. Knowing how it feels to be ill yourself, remember to be patient and understanding when your child is ill.

Illness During Infancy

It is not uncommon for an infant to become ill. Several of the symptoms that you as a parent need to look for include the following:

- fever
- excessive crying
- diarrhea
- constipation
- lethargy
- vomiting
- breathing difficulty
- jaundice
- colic
- lack of appetite
- failure to move a body limb

FEVER

Fever is usually an indication that an infection is present. However, many newborns, especially premature infants, do not show signs of fever when there is an infection. Parents should pay special attention to their child's behavior in case there is infection with no fever.

Thermometers

If you suspect that your child has a fever, you can check the child's temperature by using a thermometer. The four most common types of thermometers are the mercury thermometer, the digital thermometer, the temperature indicator strip, and the digital ear thermometer. The ***mercury thermometer*** contains mercury. If a temperature is present, the mercury will move up the tube along the temperature scale. The ***digital thermom-***

eter provides a quick and accurate reading which registers in digital numbers. However, the digital thermometer tends to be more expensive than the mercury thermometer. The ***temperature indicator strip*** is not as accurate as the other two methods. The strip is placed on the forehead. Heat-sensitive areas on the indicator strip glow and stop when they reach your child's temperature.

A fourth type of thermometer, the ***digital ear thermometer***, is another method of taking your child's temperature. You place the thermometer into your child's ear, press an activation button, and a digital reading will appear. This type of thermometer is very expensive, between $100 and $200, but gives an accurate reading.

Taking Your Child's Temperature

Rectal Temperature

In a newborn, the rectal temperature for a fever will be more than 100.5°F. ***Rectal temperature*** is a method of taking an infant's temperature. This is done by inserting a special mercury thermometer with a rounded tip into your baby's rectum. Petroleum jelly is used to lubricate the tip of the thermometer to make insertion easier and more comfortable for your baby. You need to be careful and only insert the thermometer about one inch into the rectum for a couple of minutes. Use the thermometer gently to avoid any injury to your baby. Do not use a digital thermometer to perform this method.

Axillary Temperature

Axillary temperature is another method for measuring an infant's temperature. The thermometer is placed under the armpit with the baby's arms folded across her or his chest for three minutes. Add 1°F to the thermometer reading to get an accurate temperature. You can use a mercury or digital thermometer to perform this method.

Oral Temperature

Oral temperature, or temperature taken in the mouth, should not be attempted in infants. They do not have the understanding or muscle control to hold the thermometer under their tongue. It can be extremely dangerous for a baby or even a small child to bite down and cause the thermometer to break. You can use a mercury or digital thermometer to perform this method when children are older.

If you feel uncomfortable using either the rectal or axillary methods, ask your doctor/health care provider for instructions.

EXCESSIVE CRYING

Your baby can cry for many reasons. Some babies cry more than others. Crying can indicate illness. If your baby continues to cry and nothing seems to work, it would be wise to consult your doctor. Illness may be present and medical attention required.

DIARRHEA

Diarrhea is a condition characterized by watery, greenish, and frequent bowel movements. It is a serious condition that should not be left untreated. It can lead to dehydration and hospitalization. Sometimes diarrhea is the result of something in the diet or frequent feedings, but it also can be caused by an infection.

Babies' stools generally are loose. If your baby's stool seems more loose or occurs more frequently than usual, watch for signs of diarrhea and make sure your baby has plenty to drink. If the stool becomes more watery than usual or greenish in color or if the diarrhea lasts more than six hours, consult your doctor immediately.

CONSTIPATION

Constipation, or infrequent bowel movements, sometimes can be related to serious illness. Children have different toilet schedules. Some children may have a bowel movement two times a day, while others may have a bowel movement only once every two or three days. It is important to learn your child's schedule. If your child's toilet schedule changes dramatically, a problem could exist. Consult your doctor if your child has blood in the bowel movement, complains of pain during a bowel movement, or is constipated more than three days.

LETHARGY

An infant that is ***lethargic*** is suddenly uninterested, limp, and sleeps more than usual. This lethargic condition could also be accompanied by a high fever. Lethargy may be a sign of a critical condition. Do not delay in getting your infant medical attention.

VOMITING

Do not confuse vomiting with the gentle ***spitting up*** that occurs after eating. ***Vomiting*** is the forceful elimination of stomach contents through the mouth. Vomit that is frequent and/or contains green bile or blood should be considered serious enough to consult the doctor.

BREATHING DIFFICULTY

If your baby is congested, wheezing, or having some type of difficulty in breathing, there may be a respiratory problem. It should be reported to your baby's doctor.

JAUNDICE

Jaundice is a yellowing of the skin; it is common in infants immediately after birth. Often jaundice is detected while the newborn is still in the hospital and treated according to the severity of the jaundice. Contact your doctor for further instruction if you notice this condition. The doctor will monitor the infant's condition carefully to determine the cause of the jaundice and the type of treatment suitable. For example, severe jaundice may require therapy that places the infant under a high-intensity light.

COLIC

Some babies experience a common condition called ***colic*** (severe gas attacks) during which the baby may have a distended abdomen and episodes of crying with legs drawn up to the chest.

Colic typically is characterized by a baby's crying intensely at a certain time each day—often in the early evening. Colic is painful but not harmful to your baby. However, you could mistake a more serious condition for colic. Be sure to contact your doctor/health care provider the first time your baby shows symptoms of colic and screams for a long time. Then follow your doctor's advice regarding follow-up medical checks.

If your baby has colic, learn to live with the temporary condition and try to find ways to soothe your baby. Sometimes burping, rocking, walking your baby, or rubbing your baby's stomach relieves the discomfort.

Try to take turns caring for your infant during bouts of colic with a spouse, parent, or other trusted caregiver. It helps to know that your baby will be all right and that the condition is only temporary; colic generally lasts about three months.

LACK OF APPETITE

A drastic change in eating habits from more to less may be an illness indicator. If your baby's eating habits change greatly and he or she refuses to eat, your baby may be sick. Consult your baby's doctor if eating problems arise.

FAILURE TO MOVE A LIMB

When your baby shows an abnormal use of a body extremity, such as an arm or leg, there may be a fracture, dislocation, or other problem. Your doctor should be consulted to check for such problems.

If your baby shows any of the above symptoms or signs of illness, you need to get in touch with your doctor immediately. Remember that your baby's needs must come first. She or he depends totally on you for care. The first few months are crucial. Most new parents have many questions. Your doctor is an excellent source of information. When in doubt, do not be afraid to ask.

Illness During Early Childhood

Some children suffer from illnesses more often than others. Many young children have frequent upset stomachs and colds. Ear infections also are common since the tubes connecting the ears to the nose and throat are not developed fully.

Many childhood diseases occur suddenly. Often the signs and symptoms of these are easy to recognize. Some of the symptoms to look for include the following:

- runny nose, sneezes, coughs
- flushed face and hot, dry skin

- raised temperature
- unusual paleness or coldness
- large amounts of sudden sweating
- sore throat
- hoarse or husky voice
- swollen throat glands
- watery or glassy appearance of the eyes
- pain in ear, head, chest, stomach, abdomen, or joints
- nausea, vomiting, diarrhea
- rash, bumps, or breaking out of skin
- stiff back or neck
- convulsions, seizures, or attacks during which a child stiffens and twitches

Many of the illness symptoms for a young child are similar to those of an infant.

Some serious warning signs include the following:

- fever higher than 100°F
- fever that lasts longer than twenty-four hours
- lethargy or no drinking of fluids
- stiff or painful joints
- difficulty breathing
- severe pain
- difficulty being awakened

As many parents can attest, young children get ill with amazing frequency. Some months you may feel like you spend half of your time at the doctor's office. No sooner is one infection over than another one develops. Some illnesses tend to be more seasonal than others.

Young children usually recover from minor illnesses quickly if cared for properly. Proper rest and good nutrition help prevent illness and help sick children get well faster. Children usually are up and about a few days after an illness. Of course, serious illnesses or injuries may require additional treatment and a longer period of recovery.

Some diseases develop gradually and symptoms may be difficult to recognize in the early stages. Health screening and assessment methods are used to detect these diseases.

When a disease can be passed easily from one person to another, it is called contagious. ***Contagious diseases*** are passed by contact with a diseased person or with an object that a diseased person has used. Most diseases go through several stages. Each disease has an ***incubation period***, which is the time between when the disease first enters the body and the first signs or symptoms appear. Your child usually is contagious toward the end of the incubation period and will remain contagious throughout the second stage when the body reacts to the disease and begins to show signs of the illness. The last stage is known as ***convalescent***. The child is recovering and the signs of illness are diminishing.

In group settings, young children are exposed to disease more often than they are at home. Some studies have found that children enrolled in child care are sick more frequently than children not enrolled in child care. Some diseases have been identified which seem to be increasing among children enrolled in group child care. These diseases include the following:

- upper-respiratory infections (colds)
- diarrhea
- ***conjunctivitis*** (inflammation of the eye; also called pinkeye)
- ***impetigo*** (bacterial skin infection)
- streptococcal sore throats

Table 13.1, Diseases that Threaten Children, lists symptoms, causes, incubation and care for many common childhood illnesses. Children should be immunized to prevent many of the diseases listed in this table. Figure 13.1, on page 148, reviews the ages at which a child should receive the required immunization or booster. Additional information regarding immunization is found in Chapter 10.

Diseases that Threaten Children

Disease	Symptoms	Cause	Incubation	Appropriate Care
AIDS (Acquired Immune Deficiency Syndrome)	Swollen lymph nodes; low-grade fever; sore throat; persistent colds; unexplained weight loss; persistent, severe diarrhea	Human Immunodeficiency Virus. HIV can be passed from an HIV-infected mother to her baby during pregnancy or birth; by receiving HIV-infected blood or blood products; or by sexual contact w/ an HIV-infected person.	5-10 years	Physician care, moral support, good nutrition, and good hygiene.
Chickenpox	Fever; weakness; red, itchy rash on chest and back	Chickenpox is spread by breathing in infected droplets or by contact with the ruptured sores of someone who has it.	2 weeks	Restrict to bed rest for 1 week. Keep away from other children. Use acetaminophen to control fever. Keep skin clean by giving frequent baths. This also helps soothe itching. Anti-itch medicine may be applied. Disease lasts 7 to 10 days.
Croup	Loud, brassy cough; breathing difficulties; hoarse voice that worsens at night	A viral infection of the larynx (voice box), trachea (windpipe), and bronchial tubes. It occurs most often in children ages 3 months to 5 years.	2 to 5 days	Being in a steamy bathroom for 10 minutes is helpful in reducing the cough and swelling. Comfort child with cuddling, reading, or playing to eliminate fear caused by the loud cough. Give child clear and warm liquids. Parents should listen for a worsening condition at night.
Diptheria	Sore throat; nasal discharge; fever; thick gray membrane covering the throat and tonsils; rapid pulse	Infection occurs by inhalation of airborne droplets exhaled by a person with the disease. It attacks the respiratory system.	2 days to 1 week	The vaccine is part of a booster shot that includes pertussis and tetanus (DTP). Isolate child and confine to bed rest for 10 to 14 days. Give child liquids and soft diet.
Head Lice	Small white grains attached to the roots of hair; head itches; red bite marks on scalp	Caused by tiny insects called lice that infest the hair. Lice can spread easily from one head to another.	immediate onset	Use a lotion or shampoo especially made to kill the lice. Clean child's brush, comb, and caps thoroughly. Wash clothing and bedding to prevent reinfestation.
Hepatitis A	Similar to intestinal flu. Fatigue; profound loss of appetite; yellowish skin; dark brown urine; light colored stool	Viral infection causing inflammation of the liver. Transmitted primarily by contaminated food or water.	2 weeks to 1 1/2 months	Consult physician. Restrict child to bed rest. Keep away from other individuals for 1 week. Notify health department so that those exposed to the child may be treated.

Table 13.1

Disease	Symptoms	Cause	Incubation	Appropriate Care
Impetigo	Itchy blisters that break and form crusty sores that contain yellowish pus	Strep or staph organisms. Physical contact can spread the infection.	4 to 10 days	Wash the infected area daily with anti-bacterial soap or cleanser. Use an antibiotic ointment.
Influenza (flu)	Sudden chills; runny nose; sudden high fever; headaches; body aches; sore throat; cough; fatigue	Viral infection transmitted by inhaling infected droplets from the air.	24 to 72 hours	Consult physician. Child should stay warm and drink plenty of liquids. Restrict child to bed rest for at least 3 days. Avoid extensive contact with other children. Use acetaminophen to control fever.
Measles	Fever; coughing and sneezing; swollen eyelids; sore throat; tiny white spots on the lining of the cheek; rash	Measles is caused by a virus that is transmitted by inhaling infected droplets such as from a sneeze. It is most contagious before the rash appears.	10 to 14 days	See a physician. Child should be kept in bed for the duration of the fever. A child with sensitive, swollen eyes and eyelids should be kept in a darkened room and avoid activity that may lead to eye strain until the swelling and discomfort disappear. All children should be vaccinated for measles.
Meningitis	Fever; stiff neck; nausea; vomiting; loss of consciousness	Bacterial infection usually enters blood as result of another infection and attacks brain and spinal fluid.	2 to 10 days	Consult a physician. Avoid contact with other children until medical release. A spinal tap is the only way to positively diagnose meningitis.
Mumps	Swollen and painful salivary glands; fever; weakness and fatigue; boys also may have painful swelling in testicles	Virus is spread by inhalation of infectious droplets. It is most contagious during the first four days. As swelling decreases, the person is less contagious.	14 to 28 days	See a physician. Bed rest and a liquid diet are recommended. Acetaminophen should be given for pain and discomfort. Children should be vaccinated. The vaccination may be received in a combined Measles/Mumps/Rubella (MMR) vaccine.
Pertussis (whooping cough)	Sneezing; nasal congestion; tearing; loss of appetite; hacking cough that ends with a high-pitched whoop; vomiting	It occurs in infants less than two years old and is contracted by the inhalation of infected airborne droplets often from an adult who has a mild case.	10 days to 2 weeks	See a physician. An antibiotic should be prescribed. Cough medicines will do very little for whooping cough. Infants who contract the disease may recover faster if hospitalized. A soft diet with bed rest is recommended. Get medical clearance before returning child to school or vigorous play. The vaccine is part of a booster shot that also includes diptheria and tetanus (DTP).

Table 13.1 (continued)

Disease	Symptoms	Cause	Incubation	Appropriate Care
Pinkeye (Conjunctivitis)	Reddened eyes; yellowish white pus drains from eyes; eyelids are stuck together upon awakening	Viral or bacterial infection; often accompanies a cold, ear infection, or upper respiratory infection; moves to eyes by scratching or rubbing.	24 to 72 hours	Avoid contact with other children until the treatment begins. Enforce handwashing procedures. The disease spreads easily through contact. If possible, keep the child home until the infection is gone.
Poliomyelitis (Polio)	Fever; headaches; muscles of neck and back become stiff; sore throat; vomiting; muscles become painful and tender and paralysis soon follows	A virus passed by direct contact with contaminated feces or saliva.	4 to 13 days	Seek medical attention immediately. Isolation and bed rest are recommended during the acute phase of the infection. When paralysis occurs, recovery may take several months. Children must be vaccinated.
Ringworm	Dry, circular patches on the skin; bare spots on scalp	Fungal infection that lives in dogs, cats, and humans. It spreads easily from person to person.	10 to 14 days	Avoid contact with other children. Apply fungicidal compounds to infected area as advised by a doctor.
Rubella (German Measles)	Rash; mild fever	It is transmitted by inhalation of droplets that carry the virus.	2 to 3 weeks	Seek medical attention. Keep children at home until fully recovered. It is very dangerous for pregnant women to contract the disease. The vaccine is given to children at 15 months.
Scabies	Severe itching and scratching; small raised reddened areas on the skin; gray or black lines under the skin	Skin infection caused by an insect mite that burrows under the skin and lays her eggs.	3 to 4 days	Avoid contact with other children. Contact the health department to inquire about treatment for other individuals who have come in contact with the disease. Wash all clothes, linens, and towels used by the child in hot water and dry them in a hot dryer.
Scarlet Fever	Fever; headaches; sore throat; vomiting; swollen lymph nodes; rash on neck and chest within 12 to 36 hours	It is caused by a streptococcal bacteria. It was once a very serious childhood illness. Today, it is rare. The onset is sudden and begins with a sore throat, high fever, and vomiting.	immediate onset	Give plenty of water unless the person is vomiting. Bed rest is recommended. See a doctor. Penicillin or another antibiotic may be prescribed for a minimum of 10 days. Children with scarlet fever usually recover within a week. Parents should watch for complications which might include ear aches and/or inflamed neck glands.

Table 13.1 (continued)

Disease	Symptoms	Cause	Incubation	Appropriate Care
Sore Throat	Sore, scratchy throat; difficulty in swallowing; possible fever	Can be caused by an upper respiratory virus. Also associated with strep throat and mononucleosis.	2 to 5 days	Keep child away from other children until the cause of the sore throat is determined.
Strep Throat	Fever; headaches; sore throat; vomiting; swollen lymph nodes	Streptococcal bacteria spread by inhalation of infectious droplets.	immediate onset	See a physician. Penicillin or another antibiotic may be prescribed for a minimum of 10 days. Give child plenty of water, unless vomiting persists. Bed rest is recommended.
Tetanus (lockjaw)	Stiffness of jaw, neck, and muscles; irritability; spasms of the jaw and neck muscles; convulsions	Caused by bacteria whose spores are found in soil entering a deep wound where they can produce a toxin that interferes with muscle control.	8 to 12 days	Consult a physician if child is not immunized against tetanus. It may be necessary to open and clean the wound and to treat the child with antibiotics. Muscle relaxants are often used to relieve muscle spasms.

Table 13.1 (continued)

Age	Immunization
0 - 12 months	Hepatitis B Series
2 months	1st Diptheria, Tetanus, Pertussis (DTP) shot 1st Oral Polio vaccine
4 months	2nd DTP shot 2nd Oral Polio vaccine
6 months	3rd DTP shot 3rd Oral Polio vaccine Measles (Plain) shot
12 months	Tuberculin test
15 months	Measles, Mumps, and Rubella (MMR) shot
18 months	DTP (booster) Oral Polio (booster) MMR shot (if not already received)
18 - 24 months	Hib (HbPV) vaccine for meningitis
4 - 6 years (before starting school)	DTP (booster) Oral Polio (booster) MMR (if not already received)
10 - 12 years	Measles, Mumps, and Rubella (MMR)

Figure 13.1

Points to Remember

- It is never easy caring for a child who is ill. Normal routines are upset. Knowing how it feels to be ill yourself, remember to be patient and understanding when your child is ill.
- Fever is usually an indication that an infection is present. However, many newborns, especially premature infants, do not show signs of fever when there is an infection.
- Your baby can cry for many reasons. Crying can indicate illness. If your baby continues to cry and nothing seems to work, it would be wise to consult your doctor.
- If your child's toilet schedule changes dramatically, a problem could exist. Consult your doctor if your child has blood in the bowel movement, complains of pain during a bowel movement, or is constipated more than three days.
- Remember that your baby's needs must come first. She or he depends totally on you for care.
- Most new parents have many questions. Your doctor is an excellent source of information. When in doubt, do not be afraid to ask.
- Some children suffer from illnesses more often than others. Many young children have frequent upset stomachs and colds. Ear infections also are common since the tubes connecting the ears to the nose and throat are not developed fully.
- When a disease can be passed easily from one person to another, it is called contagious. Your child usually is contagious toward the end of the incubation period and will remain contagious throughout the second stage when the body reacts to the disease and begins to show signs of the illness.
- In group settings, young children are exposed to disease more often than they are at home. Some studies have found that children enrolled in child care are sick more frequently than children not enrolled in child care.

Vocabulary

AIDS (Acquired Immune Deficiency Syndrome)
axillary temperature
chickenpox
colic
conjunctivitis
constipation
contagious diseases
convalescent
croup
diarrhea
digital thermometer
digital ear thermometer
diptheria
head lice
hepatitis A
impetigo
incubation period
influenza (flu)
jaundice
lethargic
measles
meningitis
mercury thermometer
mumps
oral temperature
pertussis
pinkeye
poliomyelitis
rectal temperature
ringworm
rubella (German measles)
scabies
scarlet fever
spitting up
strep throat
temperature indicator strip
tetanus
vomiting
whooping cough

Review

1. What are the four most common types of thermometers and how is each used?
2. Explain the three methods of taking a child's temperature.
3. Discuss five symptoms of illness parents should look for in their infant.
4. List seven symptoms of childhood disease.
5. Review the serious warning signs of childhood illness.
6. Discuss the stages most diseases go through.
7. What are some diseases which occur frequently in children enrolled in child care?
8. List eight diseases that threaten children that can be avoided with immunization.
9. Choose three diseases that threaten children and discuss the symptoms, causes, incubation, and care.

14 Safety Practices

Essential Element

(5) Concepts and skills related to the health and well-being of parents and children.

- ➪ Determine safety practices important to the care and guidance of young children.(5F)

Taking care of your child is a full-time responsibility. It does not matter whether the child is eight months or three years old. The early years can be dangerous for the young child whose parents are not aware of the safety risks. Parents should take certain steps to eliminate potential hazards.

Safety in the Environment

Accidents are a major cause of injury and death in young children. It is your responsibility to plan and maintain safe indoor and outdoor environments for your child. Safe indoor and outdoor environments for young children require careful planning and attention to details.

INDOORS

Safety inside your home is affected by the arrangement of rooms, toys, and furniture. Room arrangements that are uncrowded are safer for young children, who move quickly and often. Young children are quite curious. They have no qualms about putting something in their mouths, pulling on a cord, climbing up stairs, or whatever they think looks interesting at the time.

By the time your child is one-year-old, you should make your home childproof. By that time, children often are walking and ready to explore the world. Do not underestimate your child's curiosity.

Furniture and Equipment

Furniture and equipment should be sturdy and in good repair. It is a good idea to secure electrical cords so that your child cannot be injured and to cover electrical and extension cord outlets not in use with safety caps. Child-sized furniture pro-

motes safety because your child will be better able to control movement if the furniture fits. Low shelves allow your child to select and return toys safely.

Toys

The safety of toys depends on their construction, maintenance, and the developmental level of the child using them. Picture a toy in terms of what it would be like if it were broken. Some toys are made of an easily breakable plastic which results in dangerous jagged edges. Toys with easily removable parts that could cut, puncture, or be swallowed are unsafe.

When purchasing toys for an infant, check the age recommendations to be sure the toy is appropriate for the infant. Small toys or toys with small parts could cause choking if the infant swallows them. These toys should be avoided. For more information about toys, refer to Chapter 19.

OUTDOORS

Exposure to weather and use by children creates the need for frequent inspection of equipment. Peeling paint and splinters should be repaired when you notice them. Loose, protruding, or uncovered screws and bolts should be tightened and covered with soft, protective caps.

Another important safety feature of an outside area is a fence with a child-proof gate. Such a boundary is necessary for young children who can wander quickly into a street. Remember, a fence is not a baby-sitter; never leave your young child alone.

STRANGERS

As children grow older, they should be taught to avoid strangers, even if the strangers seem to be friendly or in need of the child's help. While you may not want to frighten your child, it is important that you discuss rules regarding strangers as honestly as possible. The following list includes some of the guidelines you should teach your child regarding strangers:

- Never talk to strangers.
- Never go near a stranger if an adult is not with you.
- Never get in a stranger's car.
- Never go alone to a stranger's home.
- Never take anything from a stranger.
- Never wander away from an adult companion, especially in a crowded area.

Car Safety

Note the following safety precautions when traveling in a car.

- Make sure your child leaves your car on the side closest to the building or curb.
- Never allow your child to extend head, arms, and legs out of windows.
- Use car seats or safety belts as appropriate for the age of your child.
- Do not start your vehicle until your child is seated and buckled up and the doors are securely closed and locked.
- Have your child remain safely seated until your vehicle comes to a complete stop.

CAR SEATS

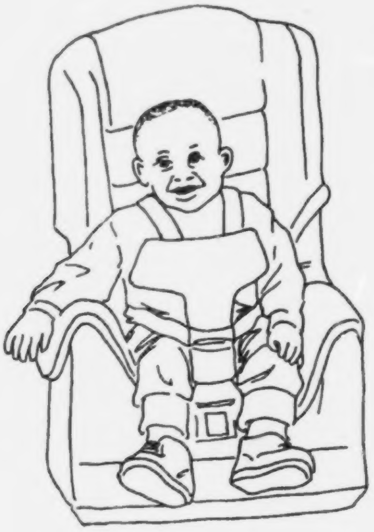
Any time your child rides in an automobile, he or she should be securely fastened in a car seat or safety belt. ***Car seats*** are designed to protect your child in case an accident occurs. They are designed to spread the force of an impact throughout the child's entire body so that one particular area does not receive more shock than another. Car seats also prevent a child from being flung out of the car or from hitting objects in the car.

Car seats can be used in the front or back seat and must be strapped properly into the car. It is recommended that you put your child in the back seat whenever possible because it is safer than the front seat. You never should put your child into a car without using a car seat or safety belt. Tragic accidents can happen even when traveling a short distance at a low speed. Texas law requires all children under the age of two to be secured in a child passenger safety seat (car seat) and children two to four years of age to be secured in safety seats or by seat belts.

Most car seats can be converted from a reclining position, for an infant weighing less than twenty pounds, to an upright position for an older child weighing more than twenty pounds. Some car seats are designed specifically according to the age of the child. Household infant carriers are not designed to protect an infant in a car.

It is recommended that small infants (twenty pounds or less) be positioned so they face the rear of the car. This position is recommended because if an accident occurs, the infant's back, which is the strongest part of the body, will absorb most of the shock.

Purchasing a car seat is one of the most important things you can do for your child. Many communities and hospitals have programs that will loan or rent you a car seat. Hospitals will not let you leave with your newborn unless you have a car seat.



Emergencies

SEVERE WEATHER

During any type of severe weather, it is important for parents to stay aware of what is happening. The most common sources of information are news and weather reports on local radio and television stations. A weather radio can be purchased to provide a twenty-four hour weather report.

Thunderstorms and Lightning

Thunderstorms and lightning usually frighten children. You can best calm your child by remaining calm yourself. Often a simple explanation of what is happening, will help reassure a child.

During severe storms, the dangers include high winds, hail, and lightning. Never allow your child to play or be outdoors or near windows when these conditions exist.

Tornados

Tornados are threats in many parts of the country. They may or may not be accompanied by rain. Some warning usually is given, but tornados also may strike suddenly.

The National Weather Service issues two types of reports on tornados. A ***tornado watch*** means conditions are favorable for tornados to develop. A ***tornado warning*** means that a tornado has been sighted or located by weather radar, and persons near the storm should take cover immediately. Tornado watches and warnings are announced to the public on radio and television stations. Most television stations place a symbol in the corner of the screen. When tornadic conditions exist, you should know the safest place for shelter in your home and go there with your child. If your child is old enough, schedule a drill to review what your child should do and where she or he should meet you if a tornado watch or warning should occur.

Safe places include tornado shelters and cellars, basements, or reinforced concrete buildings. Move to an interior hallway on the first floor, preferably in the basement. Keep away from windows. Leave your radio or television set turned on, but do not telephone the weather bureau or other information center.

If you get caught in open country away from shelter, you and your child should lie face down in the deepest depression available—a ditch, culvert, or ravine.

FIRES

There are five leading causes of fires at home:

- heating sources, like furnaces, wood stoves, and space heaters
- cooking
- arson
- electrical distribution
- careless smoking

Take the time to teach your child that fire is a tool, not a toy. According to the U.S. Fire Safety Administration, 25 percent of the fires that kill young children are started by children themselves playing with fire. You should practice fire safety in your home by doing the following:

- Keep matches and lighters in a safe place.
- Look for signs of fire play, such as burn holes in carpets or furniture, burnt matches in a closet or under the bed, or disappearing lighters and matches.
- Ask your child to tell you when they find matches and lighters.
- Teach your child not to panic and hide but to tell you immediately if they see a fire starting.

Fire Prevention

Fires can be prevented. Fire is a life-threatening danger to everyone in or near a building.

Appliances

Hot-plates, coffee pots, irons, toasters, hair dryers, curling irons, electric blankets, and other appliances never should be left unattended, since appliances can overload circuits and start a fire. They should be unplugged when they are not in use and left out until they are cool enough to touch. Overheating, unusual smells, electrical shorts, and sparks are all warnings that appliances need to be repaired or replaced.

Electrical

Avoid overloading electrical circuits, frayed wires, and extension cords. An overloaded outlet or damaged wire could start a fire in your home. An overabundance of extension and electrical cords could be a double safety hazard. It may cause a fire to start by overloading a circuit, and it is an easy way to trip and fall. Be careful not to rest furniture on a lamp or extension cord. Running cords under a rug or carpet can make them become worn and frayed and eventually ignite a fire. Outlets that do not work, light switches and outlets that are hot, and lights that flicker can be serious fire hazards and should be repaired or replaced immediately.

Heat Sources

Space heaters, wood stoves, kerosene heaters, and fireplaces can become very dangerous if you do not use them correctly. Keep heaters away from curtains and furniture. Remember the following guidelines:

- Keep anything combustible at least three feet away from a space heater including curtains and furniture.
- Follow the manufacturer's requirements and consult your local fire department about local codes when installing and using a wood stove.
- Use a fireplace screen and have your chimney cleaned regularly when using a fireplace.
- Use kerosene heaters only where approved by local authorities. Always use the correct fuel.

Open Flames

Be very careful with open flames. Candles, trash fires, and barbecues should never be left unattended. If you leave, even for a moment, put out all flames. Be very careful when using candles in your bedroom.

Smoking

If you smoke, you need to take special care. Always be sure that your cigarette is completely out. Be sure ashes, cigarette ends, and matches are cold before dumping them. Never smoke in bed or near flammable materials. Smoking parents could put themselves as well as their child in danger. Keep matches and cigarette lighters out of the reach of your child.

Cooking

Loose-fitting clothing can easily catch fire when you are cooking. Never leave your cooking unattended. Make sure all burners are turned off when you are finished. Young children like to play with and press buttons and turn knobs. Check to see if your stove or oven is turned on after children have been in the kitchen.

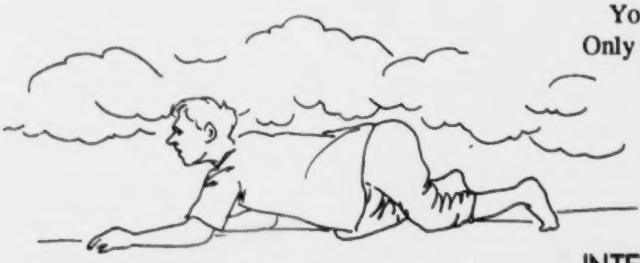
Smoke Detectors

You should have a smoke detector outside each bedroom or sleeping area in your home. Your chances of survival are two times better when smoke detectors are present and working in your home. Test the smoke detectors once a month by pushing the test button or holding a smoking source near the alarm until it goes off. Change the batteries at least once a year or as needed.

Evacuation

You and your family should be familiar with an evacuation plan in case of fire. It is a good idea to conduct drills to familiarize your family with safety procedures. Do not risk your life trying to save personal belongings if an evacuation is necessary. Once a fire starts, it can spread rapidly. Since there is little time to get out and much confusion, it is important that each family member knows what to do in case of a fire.

Crawl low in smoke. If you get caught in smoke, get down and crawl. Cleaner, cooler air will be near the floor. Before opening doors, feel the metal knob. If it is hot, do not open the door. If it is cool, brace yourself against the door, open it slightly, and if trapped by heat or heavy smoke, close the door and stay where you are.



Keeping doors closed can protect you from a fire. If you are trapped, seal cracks and vents from incoming smoke. Open windows, down at the top if possible to allow heat and smoke to escape; up from the bottom to allow fresh air in. Signal for help. Stay where you are and hang something like a sheet or shirt from the window to attract the fire department's attention. If there is a telephone in the room, call the fire department and give your location in the residence and let them know you are trapped. Do not jump; wait for the fire department to rescue you.

Blocking Escape Routes

Storing bikes, chairs, and other items in a walkway can be extremely hazardous during a fire or other emergency when you are trying to leave a building quickly or get to a safer location.

Reporting a Fire

Clearly post the fire department's telephone number and other emergency numbers beside your telephone. These numbers usually are given on the inside cover of telephone directories. If you cannot find the number, dial the local operator who will either connect you with the fire department or take the information and report the fire for you. If you have 911 service in your community, you would call that number.

If the fire is serious, leave your home, using your evacuation plan, and call the fire department from a neighbor's home.

The fire department will need to know the following information:

- your address
- type of fire
- location of the fire in your home
- size of the fire
- your name

You should never try to extinguish a fire alone. Only use a fire extinguisher if the fire is very small and you know how to do it safely. If the extinguisher does not put out the fire, leave immediately and call the fire department. Always call the fire department even if you think the fire is out.

INTERRUPTION IN UTILITY SERVICES

A common problem caused by both fire and severe weather is an interruption in utility services. Utility failure may occur as a result of other causes as well. Usually the interruption in utility services is only an inconvenience. However, in some instances it may be dangerous. For example, a broken gas main creates a sudden and serious emergency. Matches and candles should not be lighted in this situation.

During a power failure, panic due to sudden darkness is the greatest hazard. Keep candles and flashlights in an easily accessible location to provide light in case of power failure. Remaining calm during any emergency is important.

Hazards

Many materials and supplies in your home are potentially hazardous and should be stored out of your child's sight and reach. These include pointed scissors, knives, glue, household cleaning and maintenance supplies, and medicines. You should try to avoid using any of these supplies around your child or placing them in areas your child can reach.

> *It is better to be safe than sorry.*
>
> *--American Proverb*

Cleaning and maintenance supplies include disinfectants, paints, paint thinners, dishwasher detergents, or items such as shovels, rakes, and hoes. All of these items are potentially dangerous to your child and should be stored in locked cabinets, closets, storage buildings, or a garage. Use these supplies with care and according to label directions. Never put toxic substances into other containers, never store flammable fluids near heat sources, and never ignore label directions.

Poisonous plants are another source of danger to your child. You need to know what these plants are and remove them from your child's environment if possible. Because of your child's small body size, only a small amount of any poisonous substance can cause severe illness or death. Many nonpoisonous plants can be enjoyed in hanging baskets, both indoors and out.

BURNS

Burns can result from a variety of sources. Young children can be burned easily as a result of their curiosity and activity. The following can cause burns in young children:

- contact with an open flame, such as in a gas heater or a gas stove
- contact with a hot surface, such as an electric heater, an electric stove, a hot pan, an iron, or a curling iron
- touching hot liquid, such as scalding tap water or liquid boiling on the stove
- contact with a direct fire, such as from playing with matches
- contact with a metal slide or metal swing chairs heated by the summer sun
- electrical shock, such as when electrical cords, plugs, or appliances are played with or misused

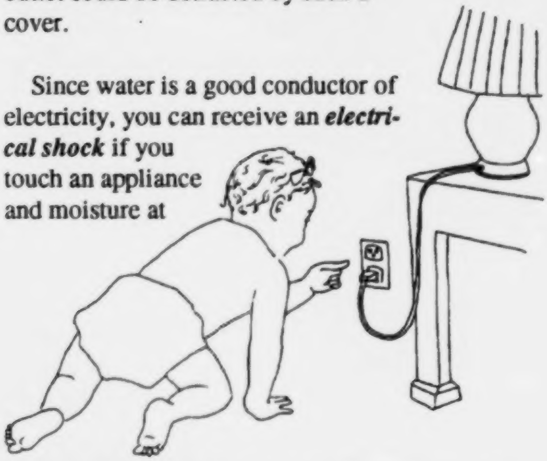
Because your child easily could be burned on a heater, you should not leave your child alone in a room with a space heater or hot heating unit. Be careful when allowing children in the kitchen while you are cooking. For extra safety, handles of pots and pans should be turned away from the front of the stove, out of the reach of children. When possible, use the back burners.

Keep matches in a closed cabinet out of view and out of reach of your child. Check the setting of your water heater to see that it is no hotter than 110°F. Your water heater should be in a closet or area that your child cannot reach.

ELECTRICAL SHOCK

If at all possible, appliances should be plugged into an outlet that your child cannot see or reach. Children should not be allowed to use appliances. Remember to unplug all electrical appliances when they are not in use. (See also Fire Prevention.)

Use electrical cords safely by replacing frayed cords, avoiding electrical "octopuses," and hiding cords as much as possible so children will not be tempted to touch them. Placing safety covers in unused outlets and extension cords also can reduce the possibility of electric shock. Curious children who might try to put something into an uncovered outlet could be detracted by such a cover.



Since water is a good conductor of electricity, you can receive an ***electrical shock*** if you touch an appliance and moisture at the same time. Never use an appliance near water or a source of water. Very little moisture is required for an electrical shock to occur. Because of the small size of children, an electrical shock that might be mild to an adult could be more dangerous or even fatal to a child. Do not leave electrical appliances in the bathroom your child uses.

SUFFOCATION

To ***suffocate*** means to strangle or to die from lack of oxygen. Suffocation hazards may appear in both indoor and outdoor environments. The most common suffocation hazards for children include the following:

- Plastic bags, especially trash bags and thin plastic bags covering dry-cleaning garments—A plastic bag pulled over your child's head can cause suffocation in minutes. Infants may accidentally block their nostrils with a plastic bag, and older children may play games with plastic bags and suffocate themselves. When you throw a plastic bag away, tie it in a series of knots.
- Enclosed hiding places with a tight lid or door—Chests, trunks, empty refrigerators or freezers, and other containers can be dangerous to your child. A child hiding in a closed-in space soon uses all the oxygen in the air and will suffocate. An old refrigerator or freezer should be stored with the door removed, or it should be belted or locked shut.
- Small objects, such as beads, buttons, small toys or pieces of toys, and balloons that have popped or that are not blown up—These items easily can block air passages if swallowed and are especially dangerous to small children. Certain foods such as unchopped meats, hot dogs, raw carrots, fruits with pits, and nuts also can block air passages.
- Entrapment spaces and objects—A widely overlooked cause of injury on playgrounds or swing sets is entrapment which can lead to hanging. Narrow spaces (from five to nine inches) in which a child can entrap the head are unsafe. Spaces to check include open steps, railings, and v-shaped bracings on play equipment. Equipment with parts which can close or tighten on the child also are entrapment hazards. For this reason, your child should not be allowed to play with ropes except for supervised jump rope activities. Hangings also can occur when children get loose parts of their clothing caught. Young children should not be allowed to wear jewelry or scarves around the neck. Belts, ties, sashes, and drawstrings should be securely attached to garments. Children like to experiment, and these items can choke, trip, or cut off breathing if your child misuses them.

DROWNING

Another form of suffocation is drowning. To ***drown*** is to suffocate in water or other liquid. Most children are fascinated by water and enjoy water activity. Your child can drown in a very small amount of water, even water that is less than an inch deep. Children have drowned in puddles, drainage ditches, shallow containers of rain water, bathtubs, toilet bowls, and swimming pools. You constantly should be aware of water hazards and check your outside area after each rain and melting snow for water. Never leave your child alone near or in water. It only takes a moment for a child to get up, fall, and possibly drown in a water hazard.

POISONING

A ***poison*** is any substance that injures health or destroys life when taken into the body. Poisons can be swallowed, breathed, absorbed, or injected (insect stings and bites from venomous animals). Ninety percent of all accidental poisonings occur with children under six years old. Poisons can be common household cleaning supplies, medicines, insecticides, cosmetics, paint supplies, certain plants, and a variety of other substances.

Poisonous substances should be labeled clearly and stored in their original containers. Never store poisonous substances in bottles or any other container that usually holds food or drink. Keep any poisonous substances away and out of reach of your child—if possible in a locked cabinet.

You should check the labels, packaging, and storage safety of the substances on the following list. The list is not complete, but it shows a variety of common substances that can be harmful to your child. Most poisonings occur because children swallow these substances. However, the fumes of some substances, such as glue, dry-cleaning fluids, lighter fluids, gasoline, kerosene, insecticides, and pesticides, are dangerous to your child when sniffed. Other substances, such as poisonous plants, can be dangerous if rubbed on the skin or eaten. Poisonous substances include the following:

- cleaning supplies of all kinds
- drain cleaner
- toilet bowl cleaner
- furniture polish
- room freshener
- substances in aerosol spray cans
- paint supplies
- glue
- pesticides
- insecticides
- rodent killers
- gasoline
- kerosene
- nonprescription drugs, such as aspirin
- prescription drugs
- nail polish and nail polish remover
- lighter fluid (cigarette and charcoal lighter fluids)
- cosmetics
- poisonous plants

If you discover a poisonous substance that is mislabeled or improperly stored in your home, safely discard the hazard immediately. Do not use a regular trash container, because children also use them. Some substances, such as medicines, can be flushed down the toilet. Medication also can be taken to your pharmacist who will dispose of it. Liquids may be poured down the sink. Volatile substances, such as gasoline, motor oil, and lighter fluids, should be discarded outside in the open air away from your home. Some service stations will discard or recycle these substances. Some substances can be secured in a plastic bag and placed in a dumpster. Poisonous plants should be removed.

Injected poisons come from insects and venomous marine life, spider bites, snakebites, and drugs injected by needles. About 5 percent of people stung or bitten will have an allergic reaction to the venom. If you suspect your child has suffered a poisonous bite, seek emergency help immediately.

CUTS

Household hazards that could cause cuts include toys and equipment that are broken or need repair and have sharp or pointed edges. Broken glass and other sharp objects, such as sticks, which collect on a sidewalk or in an outdoor play area also are hazards. It is important to check your outdoor environment before allowing your child to play there.

Glass doors, such as sliding glass doors, glass shower doors, and glass storm doors, can be serious hazards. People have been seriously injured by walking through or into clear glass doors. To prevent accidents, you can place decorations at both your and your child's eye-level.

All scissors used by young children should have rounded, not pointed, blade tips. Sharp equipment, such as kitchen knives, should be stored out of your child's reach. Adult-sized outdoor lawn equipment, such as shovels, rakes, hoes, and lawn mowers, should not be used around your child and should be stored in locked or inaccessible areas.

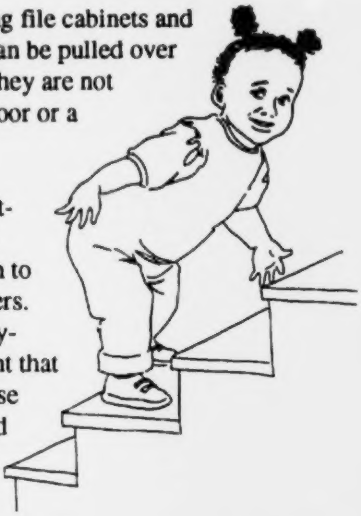
FALLS

Hazards related to falls generally come from five main sources. These sources are as follows:

- wet, slippery, or loose floor and ground surfaces
- objects in traffic paths
- heavy objects falling from overhead
- heights
- hard surfaces under playground equipment

To help avoid falls, keep walking surfaces in your home dry and traffic paths free of toys, furniture, and other objects. Clutter causes bumps, bruises, and falls. You and your child need to be responsible for keeping traffic paths clear.

Serious injuries have resulted from heavy objects falling on young children. Do not place heavy objects on tables, counters, or shelves within reaching or climbing distance of your child.



Tall, free-standing file cabinets and bookcases also can be pulled over by your child if they are not fastened to the floor or a wall.

Swing sets suitable for an older child are too high to be safe for toddlers. Any piece of playground equipment that will tilt or collapse during use should be secured in concrete. The most frequent cause of serious injury on playgrounds is falling onto hard surfaces. Swing sets and other playground-type equipment should be placed where there is a soft surface.

OTHER HAZARDS

Besides the hazards already mentioned, look for other possible hazards. Because your young child is very curious, no list of hazards ever should be considered complete. Below is a list of additional hazards:

- windows and screens that your child could open and from which he or she could fall or climb out
- cables, chains, or moving parts of equipment that could pinch
- loose steps or railings
- hard surfaces at the foot of stairs
- exposed nails, screws, or sharp edges
- loose bolts or parts in need of repair
- unlatched gates
- grass, trees, or shrubbery that could trap or hurt your child
- low hanging or jutting objects at your child's eye level
- rotting, splitting, or termite-infested boards
- rusty metals
- peeling paint
- cracking or bulging of walls or ceilings
- loose or buckling carpet
- unlocked entrances to storage rooms, garages, attics, or cellars
- splintered surfaces that need sanding or refinishing
- small items that your child could put in the ears or nose
- stray animals
- improper use or storage of tools or equipment
- unsafe items brought into the home

Table 14.1 gives developmental characteristics and safety guidelines for children from infancy to five years old.

First Aid

Even if you take every precaution to prevent accidents, accidents can happen. Knowing how to care for minor injuries and the procedures to follow in case of an accident are important parental skills. Common minor injuries include abrasions or scrapes, splinters, and minor cuts or scratches.

First-aid supplies that should be kept on hand in your home should include the items listed below.

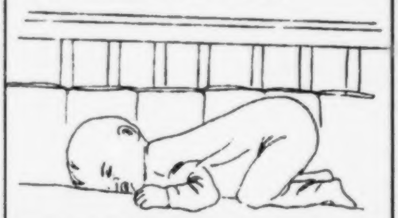
- absorbent cotton
- assorted bandages
- first-aid spray and ointment
- tweezers
- thermometers (oral and rectal)
- syrup of ipecac (to induce vomiting)
- calamine lotion (for insect bites)
- rubbing alcohol
- hydrogen peroxide
- measuring spoons
- wash cloths
- towels
- liquid soap
- flashlight
- first-aid book

In addition to first-aid skills, you need to know the procedures to follow in case of accident or injury. Any injury that is not minor is major and requires immediate medical attention. If your child's injury is serious, call for emergency assistance or 911, or go to the doctor or emergency room immediately.

Safety for Children at Different Levels of Development

INFANTS

Birth to 6 months

Developmental Characteristics	Guidelines
Babies change positions often. They move from side to side, wiggle, and turn to gradually move around in their cribs. 	Choose cribs which are designed to protect the baby from lodging his or her head, legs, or arms in any part of the crib. Mattresses should be firm and properly fitted. Crib bars should be no further than 2 3/8" apart so that the baby's head will not fit through the bars. Pads fitted around the inside edge of the crib protect the infant's head and keep it from slipping through the bars.
Babies like to suck on things such as toys and crib slats.	Make sure that lead-free and non-toxic paints and finishes are used on furniture, equipment, and toys for infants. Keep small objects that a baby could swallow or fit completely into the mouth out of reach.
Babies are helpless in water.	Supervise infants at all times during bathtime, regardless of interruptions.

INFANTS

6 to 18 months

Developmental Characteristics	Guidelines
Everything that a baby can see is exciting and interesting.	Give babies freedom in protected areas that are supervised closely by an adult. Gates placed at doorways and stairs help prevent babies from wandering or falling into unsafe places.
Babies use their index fingers to explore things and find out about them.	Cover or neutralize unused light sockets and electrical outlets. Place breakable items out of reach. Lock drawers and cabinets that contain hazardous items.
Babies like the challenge of exploring objects that are above their eye-level.	Lift the infant to satisfy curiosity about objects above eye-level.

Table 14.1

TODDLERS

18 months to 3 years

Developmental Characteristics	Guidelines
Toddlers can turn doorknobs and open cabinets and storage areas. They can easily find their way into closets and pantries.	Store items such as paint, turpentine, cleaning fluids, paint thinner, and all drugs and medicines in upper cabinets and on upper shelves out-of-reach of children. Inexpensive attachments are available which prevent most toddlers from opening drawers, doors, and cabinets. Lock doors that lead to dangerous areas (such as second story landings, construction sites, and traffic) to keep children from dashing through unexpectedly and getting hurt. Remove or lock the doors of old refrigerators, closets, and cabinets that are large enough for small children to crawl into.
Toddlers like to experiment. They like to take things apart and put them back together.	Let toddlers play with pots and pans, empty cardboard boxes, and large spoons which can be handled safely. Keep sharp scissors, knives, forks, heavy tools, and electrical appliances out-of-reach.
Toddlers use climbing as a major activity, but they cannot judge the safety of heights. They have difficulty sitting still and can move quickly.	Lock windows or put screens and window guards on to prevent children from falling out. In a moving vehicle, such as a car or a bus, lock and secure all doors to prevent toddlers from opening them. Use safety belts to keep toddlers seated. Texas law requires all children under the age of two to ride in a car seat, and children between ages two and four to be secured by seat belts. Follow state laws carefully when transporting children. Close adult supervision and quiet activities are needed to help keep children still when in a moving vehicle.
Toddlers enjoy playing in water.	Areas such as ponds, pools, and water basins either should be fenced, covered, or empty when not in use. Teach toddlers to respect water and its depth. Adult supervision is vital.

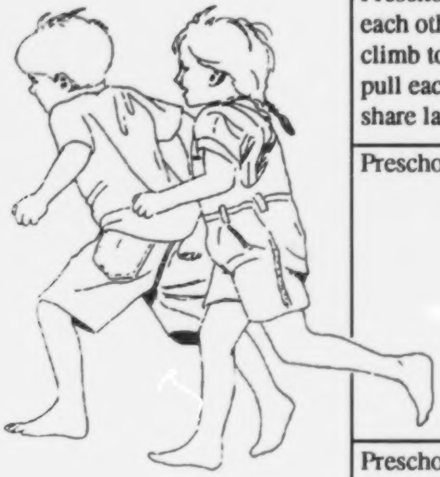
Table 14.1 (continued)

PRESCHOOLERS

3 to 4 years

Developmental Characteristics	Guidelines
Preschoolers can understand simple verbal directions. They can also understand the reasons for safety rules. An example of a safety rule for preschoolers is keeping toys out of walking areas so that others do not trip over them. Preschoolers get excited easily and sometimes forget safety rules.	Be patient with preschoolers. Remind them about directions and safety rules. Preschoolers will not resent being reminded many times.
Longer attention spans allow preschoolers to do interesting manual tasks for 10 to 20 minutes. By age four, many preschoolers enjoy building simple objects using tools.	When preschoolers practice fine motor skills, such as cutting, gluing, and coloring, supervise closely. Focus on good safety habits through examples and explanations.
Preschoolers like to be helpers and group members. They enjoy doing simple, helpful tasks.	Encourage preschoolers to help with tasks. Be patient with them. Spills and other accidents occur since eye-hand coordination is not well-developed. Do not allow preschoolers to carry glass containers and sharp or heavy objects.
Preschoolers enjoy running and doing activities with the whole body. They begin to show more self-control. By age four, preschoolers have the ability to move in large areas of space quickly.	Keep heavy traffic areas free of objects or floor coverings that children can trip over easily while running or playing. Supervise in play areas where running and other forms of play occur.
Preschoolers are often in a hurry. They hurry up and down stairs, in and out of doorways, and through halls.	Encourage children to use hand rails on stairs. Caution children about hurrying while indoors.
Since preschoolers have increased motor skills, they enjoy riding toys with wheels.	Preschoolers are old enough to understand where to ride their toys and where not to ride their toys. If they forget, remind them and explain the reason for riding only in certain areas. Reinforce safety rules.

Table 14.1 (continued)



Preschoolers like to play with each other. They tumble and climb together, and they push and pull each other. They also like to share large riding toys.	Large toys should be large enough to hold the weight of at least two children. Supervise children when they are playing together.
Preschoolers like to climb.	Protect preschoolers from falls. Teach them how to get proper footing and handholds while climbing. Set limits on how high children may climb. Supervise children carefully during any climbing activity. Their clothes should allow them to move easily. Shoes should be safe for running and climbing.
Preschoolers can throw and catch balls with increased coordination.	Supervise children to protect them from running into the street or unsafe areas to get balls and other objects that are thrown.
KINDERGARTENERS	
5 years	
Developmental Characteristics	**Guidelines**
Five-year olds are more independent and look for ways to entertain themselves. They enjoy being with others, but they also like to do individual activities. As attention spans increase, they can enjoy some activities for half an hour or more.	Avoid restricting their independence, but watch them carefully to protect them from danger. Allowing five-year olds to do activities on their own does not mean that you do not supervise these activities.
Motor skills and coordination improve. Eye-and-hand activities such as pegs in slots, hammering, and puzzles are enjoyed.	Supervise table games and activities. Provide guidance in teaching respect for safety rules, work habits, and routines.
Five-year olds still like to test and experiment with their senses. They have greater success in exploring the world around them.	Help children learn about the dangers and the hazards of the world. Since swings, shelves, windows, and other items are tested by five-year olds, carefully supervise and remind them about rules.

Table 14.1 (continued)

Points to Remember

- The early years can be dangerous for the young child whose parents are not aware of the safety risks. Parents should take certain steps to eliminate potential hazards.
- Room arrangements that are uncrowded are safer for young children, who move quickly and often. Young children have no qualms about putting something in their mouths, pulling on a cord, climbing up stairs, or whatever they think looks interesting at the time.
- Picture a toy in terms of what it would be like if it were broken. Toys with easily removable parts that could cut, puncture, or be swallowed are unsafe. When purchasing toys for an infant, check the age recommendations to be sure the toy is appropriate for the infant.
- Any time your child rides in an automobile, he or she should be securely fastened in a car seat or safety belt. Purchasing a car seat is one of the most important things you can do for your child. Hospitals will not let you leave with your newborn unless you have a car seat.
- During any type of severe weather, it is important for parents to stay aware of what is happening. The most common sources of information are news and weather reports on local radio and television stations.
- Take the time to teach your child that fire is a tool, not a toy. According to the U.S. Fire Safety Administration, 25 percent of the fires that kill young children are started by children themselves playing with fire. You should practice fire safety in your home.
- You and your family should be familiar with an evacuation plan in case of fire. It is a good idea to conduct drills to familiarize your family with safety procedures. Do not risk your life trying to save personal belongings if an evacuation is necessary.
- Never use an appliance near water or a source of water. Very little moisture is required for an electrical shock to occur. Because of the small size of children, an electrical shock that might be mild to an adult could be more dangerous or even fatal to a child.
- The most common suffocation hazards for children include the following: plastic bags, especially trash bags and thin plastic bags covering dry-cleaning garments; enclosed hiding places with a tight lid or door; small objects, such as beads, buttons, small toys or pieces of toys, and balloons that have popped or that are not blown up; and entrapment spaces and objects.
- Your child can drown in a very small amount of water, even water that is less than an inch deep. Children have drowned in puddles, drainage ditches, shallow containers of rain water, bathtubs, toilet bowls, and swimming pools. Never leave your child alone near or in water.
- Ninety percent of all accidental poisonings occur with children under six years old. Poisons can be common household cleaning supplies, medicines, insecticides, cosmetics, paint supplies, certain plants, and a variety of other substances.
- Even if you take every precaution to prevent accidents, accidents can happen. Knowing how to care for minor injuries and the procedures to follow in case of an accident are important parental skills.

Vocabulary

car seats
drown
electrical shock
injected poisons
poison
suffocate
tornado watch
tornado warning

Review

1. Explain why taking care of your child is a full-time responsibility.
2. List two safety precautions parents should take when purchasing toys for their children.
3. What are three safety precautions you should observe when your child is in the car?
4. What should you do in case of a severe storm? tornado?
5. Discuss five ways you can help prevent a fire in your home.
6. Why might you want to practice emergency drills with your child?
7. List three hazards that can occur from potentially dangerous supplies, materials, and areas in your home.
8. What are the safety procedures you should practice if you discover a poisonous substance that is mislabeled or improperly stored in your home?
9. What is a minor injury? What should you do if your child suffers a minor injury? a major injury?
10. In regard to safety, discuss one developmental characteristic of infants, toddlers, preschoolers, and kindergarteners and the related guidelines that should be followed with each.

15 Characteristics of the Newborn

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

➪ Describe the characteristics of the newborn.(6A)

The birth of your baby is an exciting event. As you welcome this little one into the world the questions you have had, such as "Will my baby be a boy or a girl?", "Will my baby look like me?", and "Is my baby healthy?" all have instant answers. With these questions behind you, you may begin to take a close look at this new person in your life.

If you have never been around a newborn baby, you may be surprised that your baby is wrinkled and may have a receding chin, a flat nose, and hair on the brow, nape of the neck, and down the back. Your baby may have a head that is molded from the trip through the birth canal. You may notice that your baby has blotchy skin and is a little blue. Even with these unusual characteristics you probably will think your newborn looks beautiful.

Physical Characteristics

As you observe your baby you will begin to notice many physical characteristics and responses common to most newborns.

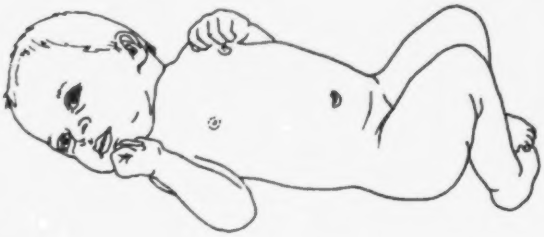
SIZE

Most full-term babies weigh between 5 1/2 and 10 pounds, weighing a little over 7 pounds on average. Boys usually weigh slightly more than girls. You may think your baby looks thin; this is because newborns have little body fat. When you take your newborn home from the hospital, your baby may weigh 6 to 10 percent less than his or her original birth weight. This is because your baby is recuperating from the birth experience and may be more interested in sleeping than in eating. There is no need for alarm as this is common. In the course of the first month, newborns gain about 2 pounds.

The average length of full-term babies is between 18 and 20 inches. Boys are generally longer than girls. Most babies grow about 1 inch in the first month.

PROPORTION

Your newborn's head most likely will look large in proportion to the rest of the body. At birth, a baby's head accounts for one-fourth of the total length of the body, compared with an adult, whose head accounts for one-seventh of total body length. The typical newborn appears to have no neck, a chest that is rounded, sloping shoulders, narrow hips and pelvis, and a protruding stomach. Your newborn's legs and arms will look small and short in proportion to the body. Because of the position your baby was in before birth, the legs will be drawn and appear to bow. The hands and feet will be tiny.



FACE

The face of your baby is shaped so that sucking is easily accomplished. Your newborn will have a broad, flat nose and a receding chin, ensuring that these facial features will not get in the way of breast- or bottle-feeding.

Eyes

The eyes of the newborn look small, and red spots may appear in the whites of the eyes. You may notice that your baby's eyes are swollen. This swelling happens when erythromycin ointment is placed in the infant's eyes after birth. The erythromycin ointment is for protection from infection that the eyes could possibly obtain from the birth canal. This procedure is required by law. The swelling is temporary and harmless.

Most babies are born with dark-blue eyes. If your baby's eyes are going to be brown or green, they will probably change color within the first six months.

Mouth and Cheeks

Your baby will have cheeks that appear swollen. This is because newborns have ***sucking pads*** on the inside of their cheeks. The tongue cannot be extended beyond the gums, and the lining will peel away from the lips. Some newborns have one or more teeth but most are toothless.

HEAD

If your baby was delivered vaginally, you may notice that the shape of your newborn's head is pointed, swollen, or even egg shaped. This shape is caused by the pressure of birth. As your baby travels through the birth canal, her or his head adjusts to the shape and the size of the birth canal. To make this process easier for mother and child, the baby's skull bones are pliable and made to move together and overlap so that the head can pass through the mother's pelvis unharmed. This process causes no brain damage or injury. Your baby's head will return to its normal shape a few days after birth.

The open spaces on your baby's head that allow the skull to shift and move during birth are called ***fontanels***. Fontanels, sometimes called ***soft spots***, serve another purpose. As your baby's skull and brain grow, these open spaces allow for that growth. The fontanels begin to fill with bone as the skull grows. By the time your baby is one to two years old and the growth of the brain has significantly slowed, the openings will close. If you look at the membrane that covers the soft spot you may see movement as the baby breathes.

At birth, your baby may have a peculiar bump on his or her head. This bump or ***caput*** is a small, temporary swelling on the baby's scalp. It is caused by the baby's head being pressed against the cervix and vaginal canal during delivery. The swelling will gradually recede until it is completely gone and will not affect the baby's brain.

SKIN

If you see your baby immediately after birth, you may notice that she or he is slightly blue. This blue color may startle you unless you are aware that it should change in five to ten minutes as your newborn begins to adapt to the outside world.

Immediately after birth you may see a white material covering your baby. This is called the vernix. The ***vernix*** protects the skin of the fetus while it is surrounded by amniotic fluid. Most of the vernix has disappeared by the time a full-term baby is born. Premature infants will have more vernix. Vernix tends to stick to the hair and in folds under the arms, neck, and groin. It can be wiped off easily.

The skin of your newborn may look blotchy and thin and may be bruised from the trauma of birth. If you look closely, you may be able to see blood veins through your baby's skin. Wrinkled and loose skin can be found on the head and around the feet. If your baby develops a rash one or two days after birth, do not be alarmed as this is a common occurrence in newborns, and the rash should go away. If the rash does not disappear, contact your doctor.

> *Human beings, like plants, grow in the soil of acceptance, not in the atmosphere of rejection.*
>
> *— John Powell, S.J.*

As you examine your newborn more closely, you may notice different types of marks. Some babies have pinkish areas on their necks, foreheads, and eyelids. These are often referred to as ***stork bites***—a name that came from the myth of storks delivering babies. The stork bites are caused by small blood vessels collecting under the skin. Other babies may have slate blue patches of skin called ***Mongolian spots*** on the stomach or back. These spots are completely harmless and occur most often in babies of African-American, Mediterranean, or Asian heritage. Mongolian spots gradually will disappear during childhood.

Many newborns have ***jaundice***, which is a yellowish discoloration. Jaundice is caused when the liver is unable to break down ***bilirubin***, or red blood cells that are normally converted to nontoxic substances by the liver. The bilirubin accumulates in the skin and gives the baby a yellowish tint. If your infant's jaundice is considered serious enough for treatment, the doctor/health care provider will place your baby under a high-intensity light. The light is absorbed by the bilirubin causing it to convert to a form that can be excreted in the feces and urine. This treatment will continue until the amount of bilirubin has been reduced to a safe level for your infant.

You may be surprised to see hair on the ears, shoulders, back, forehead, and cheeks of your newborn. This hair is present especially in premature infants. It is a fine, soft, body hair called ***lanugo***. The lanugo should fall out about one to two weeks after birth.

HAIR

Your baby may have a full head of hair or be totally bald. If hair is present at birth, it frequently is not the color your child will have after the "birth hair" falls out around the fourth or fifth month. For example, a child born with black hair may have blond hair within the first year of life. The eyelashes and eyebrows of your newborn most likely are hardly noticeable.

SEXUAL CHARACTERISTICS

Your newborn may have genitals that look large, especially if the baby was premature. The size of a baby boy's scrotum can be increased by the trauma of delivery in a breech position. A breech birth occurs when the baby's feet or bottom are turned to come out first.

Your newborn baby girl may have a thick, white vaginal discharge during her first three weeks of life, which is a result of hormonal changes that took place in the mother's body before birth. Some infant girls respond to the absence of the maternal hormone estrogen by experiencing ***vaginal withdrawal bleeding***. With this type occurrence, a few drops of blood are shed from the vagina. This may be shocking, but again, it is a temporary, normal condition, and your baby is not hemorrhaging or menstruating.

Both boys and girls can have milk in their breasts shortly after birth caused by hormonal changes experienced by the mother before birth. This condition also is temporary. If you have any questions about conditions related to your child's sexual characteristics, or if you suspect that a specific condition is not normal, consult your doctor/health care provider.

Physical Responses

Your newborn baby comes from a warm, quiet, dark place where all needs for food and oxygen have been met without effort on his or her part. As babies come into the world, they are met with noise and light, are forced to breathe on their own, and must be fed in a new way—from the breast or bottle. They are typically exhausted from the trauma of birth and may fall into a deep sleep a couple of hours later.

You may be surprised the first time you hear your newborn sneeze or cough. Babies do this in order to clear air passages and lungs of mucus. Sometimes new parents are concerned about their baby's heartbeat and the way the baby breathes. A newborn's heart rate is very fast compared to an adult's, and the heart often will beat between one-hundred twenty and one-hundred fifty times per minute. An adult's heart typically beats about seventy times in one minute. A newborn child breathes much more often per minute than an adult. Your baby will breathe at an uneven rate of about forty-five times a minute. An adult breathes evenly at a rate of about eighteen times per minute.

SLEEPING

Most newborns sleep from fourteen to eighteen hours a day. They are alert for about thirty minutes approximately every four hours. A one-month-old baby spends many hours of the day sleeping. The average infant can spend sixteen hours a day sleeping. It is normal for some infants to sleep less and some to sleep more. Generally by the time your baby is one month old, she or he will sleep in blocks of four to five hours, three to four times a day.

BOWEL MOVEMENTS

Another thing that may concern you as a new parent is the sticky, tar-colored ***stool***, or bowel movement, your baby will pass for the first two days after birth. This is called ***meconium***, and is the first content of the bowel that is present in the fetus before birth. As the diet of your baby changes to breast milk or formula, the appearance of the stool will change. This change should occur around the third day of life. By the end of the first week your baby may be passing three to five stools or more a day especially if you are breast-feeding. Some newborns however, pass stools less often. It is not uncommon for some infants to go for a day without having a bowel movement.

SENSES

Until recently many people thought that newborns could do very little at birth. Studies have shown that newborns have the senses of sight, hearing, smell, touch, and taste. Through their senses, newborns transmit new information about the world around them to their brain.

Sight

You may notice your infant staring at an object or your face. Newborns can focus on things that are within 8 to 12 inches from them, while anything farther probably will be hazy. At about one month of age, your infant will be able to make eye-to-eye contact as coordination of sight develops. The preferred object on which your baby chooses to focus most likely will be your face.

Hearing

Babies are born with the ability to hear and distinguish volume. Speaking to your baby in a soft voice may bring about a smile. Sharp noises may startle your baby, and he or she may respond with a jerk or a cry. At about one month your infant can tell the difference between your voice and a stranger's voice. Newborns are generally more responsive to women's voices than to men's.

Smell

A newborn's sense of smell is not well developed at birth. As days go by your baby will become sensitive to strong smells and prefer familiar odors. After about one week your infant will have developed the ability to distinguish you by smell from another person. Also, a newborn can tell the difference between her or his mother's milk and another mother's milk. One reason babies may cry when they wet their diapers is because they smell the ammonia in their urine.

Touch

You can tell that babies have an established sense of touch when you see them repeatedly grasp their feet with their hands or suck on their fingers. Your baby also will use the sense of touch along with the sense of smell to tell you that he or she needs a diaper change.

Taste

Two-week-old babies can decipher tastes. They are able to show through their sucking response that they can taste the difference between water, milk, and solutions with salty, sweet, and sour tastes.

CRYING

Your newborn has the ability to communicate her or his needs by crying. A baby may cry only when wet, hungry, or not feeling well. The baby may cry for many reasons or seemingly for no reason at all. The frequency of crying may vary from day to day. Some newborns have ***colic***, a common ailment where a baby has crying spells that may last for hours due to frequent attacks of pain in and around the intestines. The cause of colic is unknown, and treatments vary. If your baby is colicky, consult your baby's doctor. The doctor may prescribe a medication if the colic is severe. The condition usually clears up by the third month of life. Colic is discussed in more detail in Chapter 13.

REFLEXES

Your baby is born with behaviors that were not learned. These behaviors are called ***reflexes***. Some reflex actions continue throughout life such as sneezing, swallowing, yawning, and the jerking of the knee when tapped by a mallet. Other reflex actions are temporary and last until your baby is better able to control the outside environment.

Reflex response indicates the health of your baby's nervous system, and your baby's doctor will check a variety of these actions. As these reflexes are practiced, your baby will begin to develop voluntary behaviors such as sitting and walking. Refer to table 15.1, on the next page, for more information on the different types of reflexes.

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Reflexes

Reflex	Stimulation	Response
Rooting	cheek stroked with finger or nipple	head turns; mouth opens
Sucking	finger or object in infant's mouth	sucks using tongue and mouth
Moro (Startle)	sudden stimulus, such as loud noise	extends legs, arms, and fingers; arches back; draws head backward
Tonic Neck	head turned to one side	extends arms and legs on that side; flexes opposite limbs
Babinski	sole of foot stroked	toes fan out; foot twists in
Grasping (Palmar)	something placed in palm of hand	makes tight grasp; will grasp tighter if object is pulled away
Stepping (Walking)	held upright with feet touching flat surface	appears to walk in a coordinated way

Table 15.1

Points to Remember

- The birth of your baby is an exciting event.
- If you have never been around a newborn baby, you may be surprised that your baby is wrinkled and may have a receding chin, a flat nose, and hair on the brow, nape of the neck, and down the back.
- You may think your baby looks thin; this is because newborns have little body fat.
- Your newborn's head most likely will look large in proportion to the rest of the body. At birth, a baby's head accounts for one-fourth of the total length of the body, compared with an adult, whose head accounts for one-seventh of total body length.
- The eyes of the newborn look small, and red spots may appear in the whites of the eyes. Swelling happens when erythromycin ointment is placed in the infant's eyes for protection from infection that eyes could possibly obtain from the birth canal.
- Your baby will have cheeks that appear swollen. This is because newborns have sucking pads on the inside of their cheeks.
- To make the birthing process easier for mother and child, the baby's skull bones are pliable and made to move together and overlap so that the head can pass through the mother's pelvis unharmed.
- The skin of your newborn may look blotchy and thin and may be bruised from the trauma of birth.
- Until recently many people thought that newborns could do very little at birth. Studies have shown that newborns have the senses of sight, hearing, smell, touch, and taste. Through their senses, newborns transmit new information about the world around them to their brain.
- Your newborn has the ability to communicate her or his needs by crying. The frequency of crying may vary from day to day.
- Reflex response indicates the health of your baby's nervous system, and your baby's doctor will check a variety of these actions. As these reflexes are practiced, your baby will begin to develop voluntary behaviors such as sitting and walking.

Vocabulary

bilirubin
caput
fontanels
jaundice
lanugo
meconium
Mongolian spots
reflexes
soft spots
stool
stork bites
sucking pads
vaginal withdrawal bleeding
vernix

Review

1. Describe the size and proportion of a newborn.
2. Why is the head of a newborn baby shaped the way it is?
3. Why are the skin and hair of a newborn different from the skin and hair of an older baby?
4. Why should a parent not be alarmed by the sexual characteristics that a newborn child displays?
5. Outline the physical responses newborns exhibit.
6. Explain some of the reflexes a newborn exhibits.

16 Child Development: birth to one year

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

➪ Describe the stages of growth and development of infants and children from birth to three years of age.(6B)

Your baby will grow and change rapidly during the first year of life. He or she will grow and develop from a newborn who can communicate only by crying to a baby who recognizes you and squeals with delight when you enter the room.

Children often are classified or grouped by stages of motor control. From the newborn stage until around seventeen months, children are called ***infants***.

Your baby will develop physically, intellectually, emotionally, and socially in a sequence of stages that can be predicted. These are called ***developmental stages***. Most children pass through the same stages in the same order or ***sequence***. Your baby's development should follow a logical sequence. One developmental task should be accomplished before another one can be completed successfully. Although the sequence (order) of the changes should be the same, the ***rate*** (speed) of development may be considerably different for different children.

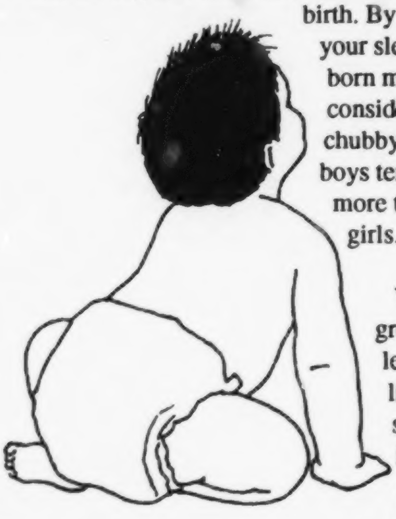
The precise timetable of the accomplishment of these tasks, or ***milestones***, varies widely from child to child. Any guideline discussing when a milestone occurs should be seen merely as an estimate. **The age when certain changes occur is not as important as the order of the changes.** Age becomes a concern only when a child is extremely slow to develop. As a parent, your involvement in these developmental stages is crucial to the well-being of your child.

Physical Development

Human beings are complex. Their growth in one area affects every other area. For example, your child's physical development impacts intellectual development. A baby's ability to acquire motor skills such as crawling and grasping helps the baby explore the world, aiding intellectual growth.

WEIGHT, LENGTH, AND HEAD CIRCUMFERENCE

One of the most obvious changes your infant makes in the first year is physical growth. The average baby's birth weight will double by the age of four to five months. Then the baby's weight gain will slow slightly. By the time your baby is one year old, the birth weight will have tripled. At the end of the first year, a baby usually weighs about 22 pounds. This is just an average. Weights vary considerably between individual babies. If average children continued to increase their weight at this rate beyond the first year, they could weigh two-hundred pounds at three years!



Infants begin to store fat under their skin after birth. By nine months your slender newborn may be considered a chubby baby. Baby boys tend to weigh more than baby girls.

Your baby's growth in length most likely will be steady. Most infants grow about 10 inches in their first year of life. Baby boys are generally longer than baby girls.

The ***circumference***, or the measurement around your baby's head, was taken at birth. In general, the circumference of your baby's head will increase about 4 or 5 inches during the first year of life.

At each office visit, the doctor will weigh your baby and measure length and head circumference. The doctor will keep a record of your baby's growth to check that your child is ***thriving***, or staying healthy and growing. A baby that makes little change in growth may have a health condition that needs to be examined more closely and treated.

BODY PROPORTIONS

An infant's ***proportions***, or size relations between different parts of the body, are not like an adult's proportions. The typical infant's forehead is wider than the infant's chin; this is not so with an adult. At birth an infant's head makes up one-fourth of total body length. By the time a baby becomes an adult, the head makes up one-seventh of the total body length.

The ***trunk***, or main body, of your child most likely will be relatively long, and your baby will have short legs. As the first year passes, most of a baby's growth in length takes place in the trunk and not the legs.

BONES

An infant's bones grow and change dramatically during the first year. Your infant's bones will grow in length. The most obvious change will be in the long bones found in the arms and legs. For most people, bone growth continues into their late teens and early twenties.

Your baby will experience both an increase and a decrease in bone number in various parts of the body. For example, a baby's wrist contains only three bones at birth. By the time a baby is an adult, the wrist will contain twenty-eight bones. The number of bones in certain parts of the body will decrease with time. For example, at birth your baby's skull is a series of bones divided by fontanels. The ***fontanels***, or soft spots between the sections not joined in the skull, separate the skull bones. As your baby grows, the sections will grow together through the process of ossification. ***Ossification*** is the depositing of the minerals phosphorus and calcium. This "filling in" process joins the skull into one piece by the time your child is two years old.

Ossification also affects the hardness of other bones. An infant's skeleton is mostly ***cartilage***, or soft, flexible, gristle-like tissue. This cartilage enables your baby to do things with ease that most adults find very difficult such as putting a foot behind the head or putting a foot in the mouth. As your infant grows, ossification takes place. The bones of the wrist, hand, and head harden first followed by the trunk and legs, allowing your infant to begin to sit up and eventually walk—a task that would be impossible with a skeleton of cartilage.

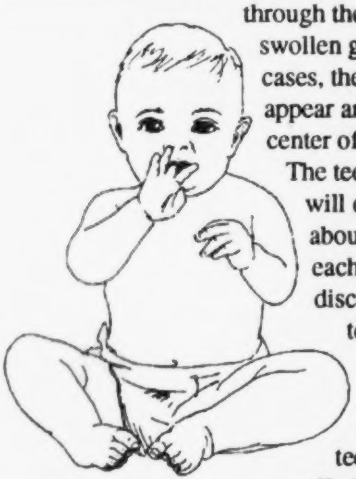
TEETH

Your baby may have seemingly been born without teeth, but actually your baby's teeth have been developing since the sixth week of pregnancy. For most babies, the teeth that are present at birth are hidden under the gums, ready to begin to push through the gums at around the sixth month. These teeth are ***deciduous teeth***, or baby teeth, that are eventually replaced by permanent teeth, or the teeth your child will retain for a lifetime.

Your child may have been born with a tooth or two. This is not abnormal. The teething pattern of infants varies from baby to baby. The order of appearance of teeth is generally more predictable than the time these teeth will appear.

Teething

You may notice your child is unusually fussy and restless when teething. Other signs of teething are drooling, refusing to eat, diarrhea or constipation, fever, and bouts of vomiting. This is because teething can be a painful process for your child as the tooth tears the gum tissue to force its way through the surface of the swollen gum. In most cases, the first teeth to appear are those in the center of the lower gum. The teething process will continue for about two years with each tooth causing discomfort for two to ten days.



You can help your baby ease teething pain by offering teething rings, which help relieve the pressure on the gums caused by the emerging tooth. Because cold objects tend to soothe teething children, liquid-filled teething rings that can be placed in the refrigerator to chill also are helpful in relieving teething pain. Another temporary solution for this pain is to rub an ice cube on the swollen area. You can purchase a liquid medication especially made for this pain that is rubbed onto the affected area. Consult your doctor, and carefully follow the directions before giving your child any form of medication.

Dental Hygiene

It is important to begin regular teeth cleaning when your infant's first teeth appear. After a feeding, use a moist gauze pad or washcloth and wipe the teeth and gums. Never put your child to sleep with a bottle. Besides being dangerous, it can result in tooth decay known as ***baby bottle tooth decay*** or ***nursing bottle mouth***. If your child develops this condition, treatment can be costly.

HORMONES

Your baby's growth is triggered by the release of hormones. ***Hormones*** are chemicals found in the blood that act as messengers telling various organs to function.

Hormones are secreted or released by organs called ***endocrine glands***. The primary endocrine gland involved in your baby's early development is the ***pituitary gland***. The pituitary gland is attached to the base of the brain. Its function is to signal other endocrine glands to begin producing hormones. It does this by excreting ***growth hormone***. Your baby's thyroid is stimulated by the pituitary gland's release of this hormone. The ***thyroid*** is responsible for secreting a hormone called ***thyroxine***. Thyroxine affects normal brain development and also affects your baby's rate of growth.

BODY SYSTEMS

Our bodies have many systems which include the nervous, digestive, excretory, cardiovascular, and respiratory systems. Many body systems, though immature, have completed developing by the time your baby is born.

Nervous System

Your baby's nervous system has not completely developed at birth. The most fully developed area of the brain is the ***midbrain***. This is the area that controls survival needs like sleeping, waking, elimination, attention, and reflexes. You may notice that these are things that your infant seems adapted for.

The least developed part of your baby's brain is the wrinkled gray part that wraps around the midbrain called the ***cortex***. The cortex is the part of the brain that is involved in complex learning like thinking, language, body movement, and perception. As your baby develops, new cortex cells are added and existing cells become larger. The cells connect with each other and by the time your child is six months old, this process is halfway completed.

Your baby's nervous system will undergo another important process called ***myelinization***. Myelinization is the covering of individual nerves by a substance called myelin. ***Myelin*** is a white, fatty substance that insulates or separates one nerve from another. This covering enables messages from the brain to pass quickly to your baby's muscles without getting these messages mixed up with other nerves. As a result of myelinization, your baby will be better able to control her or his muscles.

Digestive System

As your baby grows, physical changes in the digestive system, excretory system, cardiovascular system, and respiratory system will become evident. The ***digestive system*** includes the esophagus, stomach, intestines, and glands involved in digestion. As your baby grows, the stomach grows. Stomach growth allows your baby to take in more food at each feeding, thus enabling him or her to go longer between feedings. As other organs develop, your baby's ability to digest food other than formula or breast milk develops. This growth allows solid food, or baby food, to be introduced to your baby's diet in the first year of life.

Excretory System

The ***excretory system*** includes the intestines, kidneys, and bladder. This system also matures from birth on. The ability to control the timing of excretion is not developed at birth, and most children are unable to control this function until they are about two years old. Your baby is very small and susceptible to physical problems associated with fluid exchange because this is something infants cannot control well. It is for this reason you must offer your baby fluid frequently.

It is important to watch for signs of ***dehydration***, or a depletion of the body's fluids, when your baby has bouts of vomiting, diarrhea, or fever. Signs of dehydration include the following:

- an absence of tears
- a dry mouth
- failure to produce a wet diaper after eight hours
- a soft spot that is sunken in

You should contact your baby's doctor/health care provider immediately if you notice any one of these symptoms. You may be asked to bring your baby in for an examination.

Too much fluid in the body also is a concern. If your baby shows signs of swelling, especially in the limbs, it is important that you contact your baby's doctor immediately.

Cardiovascular System

The ***cardiovascular system***, which includes the heart and blood vessels, grows as your child grows. This is evident by the slowing of the heart rate from 150 beats per minute at one month to 135 beats per minute by the time your baby is one year old.

Respiratory System

Another system that continues to grow after birth is the ***respiratory system***. Your baby has a small lung capacity at birth, that grows as your baby grows. At first, your child will breathe as many as forty-six times a minute. By age one, breathing will slow to around twenty-six times per minute.

MOTOR DEVELOPMENT

Babies are born with all the muscles they ever will have. As time passes, these muscles will grow and change, becoming thicker and longer. This growth is coupled with the abilities your child acquires. Your baby develops large-muscle and small-muscle control. ***Large-muscle development*** involves skills used by the large muscles in your baby's body. These muscles include the neck, trunk, arms, and legs. ***Small-muscle development*** involves those of the hands, fingers, feet, and toes and plays a part in eye coordination.

In general, babies develop muscle control beginning at the head, progressing to the shoulders, to the hips, and on to the toes. This is evident by your baby's ability to lift the head and turn it from side to side at about one month. The next area that develops is the trunk. This is demon-

AVERAGE MOTOR-SKILL DEVELOPMENT DURING THE FIRST YEAR

ONE MONTH

- Seems uncoordinated and clumsy with head flopping forward or backward; needs support for head
- Lifts chin when placed on stomach
- Makes fists leaving them slightly open
- Quickly drops objects grasped in hand
- Follows a moving object if within the line of vision, but does not reach for it

TWO MONTHS

- Can hold head up at 45° angle for a few minutes when lying on stomach
- Can lift chest above surface when placed on stomach
- Turns head while on back
- Can move arms and legs smoothly with movements becoming less reflexive and more voluntary
- Can grasp an object for a brief time
- Looks at objects longer and more closely

THREE MONTHS

- Can sit while being supported with little head bobbing
- Replaces reflexive body movements with voluntary body movements
- Can reach for objects unsteadily
- Can roll on back from side to side
- Begins to swipe at objects but often misses

FOUR MONTHS

- Can sit with assistance, while maintaining head control, for extended periods of time
- Can support self with arms when on stomach, lifting head and chest from surface
- May roll from side to side while on stomach
- Begins to grasp objects more easily
- Improves aim while swiping at objects

FIVE MONTHS

- Prefers to sit up when supported
- Can roll from stomach to back
- When pulled to a supported standing position, mimics walking steps
- Can help when being pulled into a sitting position
- Can reach objects, switch them from hand to hand, and grasp them with thumb and fingers

SIX MONTHS

- Can roll from back to stomach
- Begins creeping or moving by pushing with legs and arms
- Gets up on hands and knees briefly
- Stands when supported
- Sits with little support but may fall forward on hands for balance
- Can use walker or sit in a high chair
- Manipulates objects by rotating wrist
- Can hold objects in each hand
- Can eat with fingers

SEVEN MONTHS

- Can sit unsupported for long periods of time
- May begin awkward crawling movements
- May use stable objects like furniture to pull self to standing position
- While sitting, can reach by leaning over
- Uses thumb and fingers together to grab objects
- Bangs two objects together using both hands

EIGHT MONTHS

- Continues to improve crawling skills
- May carry objects in hands while crawling
- Can push up to a sitting position
- Can hold objects for several minutes
- Uses thumb and forefinger in a pincer grip
- Can pick up small objects

NINE MONTHS

- Can sit alone
- Controls crawling speed
- May be able to achieve a standing position without support
- May be able to cruise, or move along furniture, using furniture for support
- May begin pointing with index finger
- May be able to use spoon
- Can wave good-bye

TEN MONTHS

- May be able to stand unsupported
- Can walk if held by both hands
- Climbs up on furniture
- Can carry two small objects in one hand
- Can hold an object with one hand and manipulate it with the other hand

ELEVEN MONTHS

- Can stand alone
- Can squat and stoop
- May climb stairs
- May pick up objects while standing
- May be able to climb out of playpen or crib
- Likes to attempt to use spoon and cup
- Likes to make marks with crayons

TWELVE MONTHS

- Combines crawling and walking
- May attempt to walk toward open arms of a parent
- Likes to climb up and down stairs
- May prefer to use a particular hand
- Uses the pincer grip with ease
- Can pull off shoes or clothing
- Can remove lids from containers

Table 16.1

strated the first time your baby rolls over, which is usually between the second and fifth month. The last area to develop in the head-to-toe scheme is leg control. The first most obvious step in this direction is when your baby begins to use the legs to crawl.

Your baby's motor development will more than likely follow this type of scheme; however, any timetable suggesting exactly when these developments are to occur should be seen as a guideline. Your child may perform certain activities earlier or later than indicated on table 16.1.

Cautions Related to Motor Skills

Your baby's motor-skill development will open a whole new world for both you and your child. Accidents are a leading cause of death and injury for children. As a parent, you need to be aware of potential accidents and prepare for the dangers that new motor skills may present. For example, when a baby rolls over for the first time it is often to the surprise of the parent. If your baby rolls over while on your bed and rolls off the bed, it could cause serious injuries. Never leave your baby unattended in a potentially dangerous place like a changing table or a bed that does not have protective rails. Babies develop at different rates, and it is best to stay one step ahead of them by being aware of developmental potentials and altering dangerous situations. For more information on safety, refer to Chapter 14.

Intellectual Development

Intellectual development relates to how the mind works. This phase of your baby's development will advance rapidly. Your baby will develop about half of her or his mature intelligence by four years of age. As you observe your baby, you will sense that mental abilities actually are ahead of physical abilities in many ways. For example, at first your baby will swipe at objects without being able to grasp them. In this instance intellectual development is ahead of physical development.

Intellectual and physical development are intertwined. Your baby will learn things about the world through his or her five senses. Sound, sight, smell, taste, and touch all are ways your child discovers things in the environment. As discoveries are made, these perceptions will be transported along nerves and the spinal cord to the brain. As your baby gathers information and translates it in the brain, the brain interprets these messages and eventually sends the commands back to your baby's body, telling varying body parts what to do.

MEMORY RETENTION

You may be surprised that your baby will show evidence of memory retention by the third month. For example, as you follow a routine such as preparing a bottle, your child will recognize this sequence of events and may sit quietly knowing that all this activity will result in a feeding. Your predictable behavior will help your baby learn what to expect from the world.

Your baby also will demonstrate memory development by recognizing objects, sounds, and faces. When your baby becomes familiar with certain objects, these objects may be rejected. Your baby may become bored with the way the object looks, moves, or sounds having seen it before. To alleviate the boredom, provide your child with objects that have different colors, shapes, and patterns.

Babies begin to recognize that their actions cause things to happen. For example, when your baby sucks on a breast nipple or bottle, she or he will realize that milk flows, and if the sucking stops, milk stops. Your child's understanding of this simple cause-and-effect relationship is a sign of intellectual development. At this point babies begin to realize that they have some control of the world.

Your baby also will begin to realize that his or her hands can make things move. The feet and hands will become more interesting as your baby studies them to see how they work.

IMITATION

Imitating the actions of others also shows intellectual development because this process involves remembering an action and then reproducing it. You may have little luck trying to teach your baby to imitate your actions. Babies often resist this type of learning and choose what they will imitate by themselves. They often sit and observe actions that they later will try on their own.

Give your child a variety of experiences that promote learning. Seeing, feeling, touching, tasting, and hearing different and interesting things will promote optimum learning for your child and encourage mental development. A simple household object may be looked at in a new way.

AVERAGE INTELLECTUAL DEVELOPMENT DURING THE FIRST YEAR

Children's intellectual development occurs in predictable stages; however, the rate of development varies from child to child. Parents should keep this in mind when viewing developmental outlines.

LANGUAGE DEVELOPMENT

Your baby will communicate with you from birth in the form of crying. Most babies cry when they need something such as food, a diaper change, or when they are bored. Many parents say that they can tell what their baby needs by the type of cry the baby makes.

At about three months old, your baby will begin

Average Language Development During the First Year

One Month

- Deliberately cries for assistance
- Is comforted by human voices

Two Months

- Practices making sounds
- Responds when parent talks
- Laughs

Three Months

- Begins cooing vowel-like sounds such as "ah" and "ooh"
- Responds when you talk
- Chuckles and squeals

Four Months

- Makes consonant sounds like "b", "p", and "m"
- Pieces these consonants with vowel sounds to babble
- Smiles and coos when you talk
- Will engage in a babbling conversation with you

Five Months

- Recognizes own name
- Can tell who people are by their voices

Six Months

- Makes even more consonant sounds
- Can vary the volume and pitch of babbling
- Creates two-syllable words like "mama," "dada," and "baba"

Seven Months

- May repeat favorite syllables
- Can imitate sounds and tones of other's speech
- Attempts to "sing" along with music
- Recognizes several words

Eight Months

- Puts long series of syllables together
- Recognizes more words
- Labels objects with sounds, like "bow-wow" for dog

Nine Months

- Knows how to respond to a few words
- Follows simple directions
- Uses gestures along with a few words
- May label parents as "dada" and "mama"

Ten Months

- Knows more words and gestures
- May choose one word and repeat it continuously
- Enjoys familiar words and songs

Eleven Months

- Understands and obeys simple commands
- Mixes real words with babbled words
- Recognizes that some words relate to objects

Twelve Months

- Has a vocabulary of several words
- Begins to express self through language

Table 16.2

to make vowel sounds called ***cooing***. A baby coos on purpose. You may notice that your baby coos most often when happy. You can encourage a learning experience by having a cooing conversation with your baby. As your baby begins to coo, respond in a pleasant tone. Your child will wait until you have completed your part of the dialogue and respond back with more cooing sounds. This will delight your baby.

Between the age of four and five months, your baby will start to ***babble***. This means that she or he will attach consonants like ***m***, ***d***, and ***b*** to the vowels used for cooing. Babbling is an important pretalk skill, and your baby will soon string these babbling sounds together in long chains. Your baby also will engage in conversations with you using this new found skill.

Some babies begin to speak a few words at nine months, though most do not connect words with meaning until about their first birthday. It is common for a baby to babble words that sound familiar to parents such as, "bye-bye" or "mama." When this happens parents may think that they have taught their child a new word; however, their baby may simply be repeating a word that is part of their babbling vocabulary and may then connect meaning with it as the parents point it out.

You can help your baby connect words with meanings by talking with him or her and labeling objects with specific names. This helps your baby make the association between an object and that object's name.

Most babies know the meaning of as few as three words by their first birthday. During their second year their ability to use and understand language changes dramatically and their vocabulary and understanding increase.

As in every type of development, guidelines of language development, summarized in table 16.2, should be viewed as an approximation of when your child will master a certain skill. The sequence of development will occur in a predictable way, but the point in time when your child masters a language skill may differ from other children.

Social and Emotional Development

Your baby will grow and change in many ways during the first year. Physical and intellectual development are fairly easy to see and identify. Other ways your baby develops are not as clear cut and observable; however, these changes can be just as exciting. Your baby will grow in the areas of social and emotional development. This growth will be rewarding as you begin to see a ***personality***, or consistent behavioral traits emerging.

Emotional development refers to your baby's ability to refine emotions and mental states that influence behavior. ***Social development*** refers to your baby's process of learning to relate to other people. Social and emotional development are closely related because together they influence your child's relationships, behaviors, and feelings like joy, fear, and self-satisfaction.

PERSONALITY TRAITS

How children respond to different situations is in-part dependent on their personalities or temperament. You may be able to identify aspects of your child's personality after a few weeks. This may indicate to you that personality is ***inborn***, or something your child is born with; however, family and environment also serve to shape your baby's personality. This is because your baby will imitate many of your actions and adopt many of your attitudes.

You may notice that even within your own family there are wide varieties of temperaments. One reason people in the same family can have different personalities is because each individual has a unique pattern of heredity that makes that person respond differently to similar environments. Though from the outside it may appear that each child within a family has the same experiences, in reality this is not possible. For example, a first-born child will not have an older sibling to interact with and imitate, while a second-born child will. This will alter the personality of each child as the child adapts to a particular situation.

Your baby's personality will be affected by you and other people who interact with your child. This contact helps formulate your child's self-concept. The child that is continually put down or compared unfavorably to another family member will have a poor self-concept. A child who is encouraged and treated with respect will have a good self-concept.

Common personality patterns have been divided into three general categories: the sensitive temperament, the calm temperament, and the aggressive temperament. These categories represent personality characteristics that often appear together. However, no two people are alike. These three groups must therefore be looked upon as representative of character traits that are usually found within each type of individual.

Sensitive Temperament

If your child has a ***sensitive temperament***, she or he will cry more often, watch others, not get involved in activities, and become frightened by new experiences and people. If your child displays this type of personality you should encourage, but not force, new activities. You can provide a sensitive child with objects and activities which minimize any failure experienced with a new object or activity. A child exhibiting a sensitive temperament needs a lot of love, tenderness, and patience. If you provide these things for your child, you will help to build the self-esteem and confidence needed to conquer later frustrations.

Calm Temperament

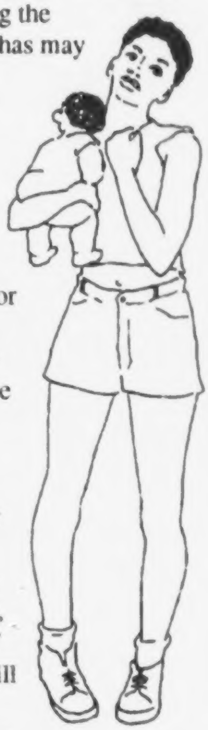
The child who has a ***calm temperament*** is generally easy to live with. This baby is easygoing and does not become upset by schedule changes and new activities. If your baby has a calm temperament, your child is often cheerful, patient, and adaptable (adjusts easily to change).

Aggressive Temperament

A child with an ***aggressive temperament*** may move constantly. All activities are done with intensity, including eating, playing, and crying. These babies love to try new things, but often get angry when things do not go their way. If your child has an aggressive temperament, you may need extra patience to give the praise, love, and attention that your baby needs for a healthy self-esteem. As the child grows older, you will probably need to set firm limits on behavior for the child and explain how aggressive behavior makes others feel.

EMOTIONAL DEVELOPMENT

Bonding is important for the emotional well-being of your baby, and the bonding process begins soon after birth as you hold and talk with your infant. Since every baby reacts to life situations differently, understanding the type of personality your child has may better enable you to give the support needed for emotional development.



Bonding is essential as your child begins to develop attachment and love for you. Bonding lays the foundation for further emotional, social, and moral development because it teaches a baby to trust and love another person.

A sense of trust is very important for your baby. Your baby's needs range from physical to emotional. If your child does not have needs met, he or she may build a sense of mistrust for the world. This will affect self-concept and may make developing close relationships difficult later in life. When you respond to your child's needs, a sense of security will develop built on the concept that the world is a good place.

Your baby can sense your emotions and will know when you are upset and often respond to your mood. Your child also can tell if you are uptight and tense. Everyone is uptight or tense at times, but it is a good idea to be aware of how your mood affects your baby. You can help your child build a sense of security by providing a stable environment of affection and warmth.

At first your baby only will be able to display a few emotions. Over time, your baby will develop and display the same range of emotions you feel.

By the time your baby is four or five months old, a fear of strangers may develop. Other fears can be taught. For example, your child may fear a neighbor's cat who scratched her or him. A child with a sensitive temperament may display more fears than a child with a calm temperament.

A baby will display anxiety. Your baby is old enough to experience anxiety when he or she can think about the future. When a baby is anxious, the baby will show fear of a specific event. A common type of anxiety that babies display at around eight or nine months is ***separation anxiety***. This may occur when your child anticipates being left with a sitter or at the child care center.

Children may display anger almost from birth. A display of anger may come in the form of crying, turning red, and swinging arms and legs wildly. Your child may not be able to direct this anger toward a person or object until about eight or nine months. Your baby may display anger

Average Emotional Development During the First Year

One Month

- Is comforted by cuddling
- Responds to warmth and affection

Two Months

- Responds to a human face
- Shows the emotions of contentment, delight, and fear
- Comforts self with sucking

Three Months

- Picks up emotions of caregiver
- Shows feelings of security when spoken to and held by you
- Makes distinct noises when hungry or content

Four Months

- Receives feelings of security from your positive attention
- Shows fear by waving arms and legs and crying
- Responds to warmth and affection

Five Months

- May display separation anxiety
- Knows the difference between familiar and unfamiliar faces
- Develops trust by having needs met

Six Months

- Aggravated by being restrained
- Senses the difference between adults and children
- May cry for attention

Seven Months

- May depend on you more for security
- May be afraid of familiar activities
- May show fear by withdrawing

Eight Months

- Increase in separation anxiety
- Wants to be held when with strangers
- Likes to explore new spaces if knows where you are

Nine Months

- May display affection for people or toys by hugging
- May give kisses when asked
- May show fear of heights and new sounds

Ten Months

- May show delight by shrieking
- Can express happiness, sadness, discomfort, and anger in specific ways
- Does not cry as often

Eleven Months

- Recognizes your mood
- May know the difference between positive and negative behavior
- Is sometimes uncooperative

Twelve Months

- May know that positive behavior will win your approval
- May know that negative behavior may bring punishment
- Begins to develop self-awareness and independence

Table 16.3

when restrained or held back, when toys are taken away, or when needs are not met. If your child has an aggressive temperament the child may display anger more vigorously. You can help your child deal with anger by meeting needs quickly and by being calm yourself.

Average Emotional Development During the First Year

The order in which children display emotional development is consistent from child to child; however, the timing of this development can vary. It is important to look at table 16.3, which indicates average emotional development in the first year, merely as a guide.

SOCIAL DEVELOPMENT

As your baby learns to relate to you and to others, social skills will begin to develop. This process begins soon after birth and continues throughout life. Developing socially is very important. It teaches your child to interact with others and to communicate. It also provides the foundation for the self-concept that will affect all future relationships your child will have.

It is likely that you will be the primary or one of the primary caregivers in your baby's life. Because you have this role, your baby will form a special attachment to you. You will teach your baby how to respond to the world; therefore, your child needs to know that you are dependable for help, comfort, and love.

Your baby will interact with you by listening to your voice and responding to your tone. The way you respond will have an effect on your child's mood. Parents who hold, comfort, and talk with their children generally find that their children are happier, cry less often, and can be comforted more quickly than the children of parents who do not give their children such attention. Positive interaction helps your child learn how to give and receive affection.

Your baby needs to gain a sense of attachment to you. This attachment happens when you interact with your child in a loving and responsive manner. Children who do not receive this type of attention may become withdrawn and unresponsive.

As you interact positively with your child by giving the love and attention needed, a healthy ***self-concept*** will develop. Children with healthy self-concepts feel good about themselves, know they are loved and wanted, like themselves, and feel as though they have some control over the world. Helping your child develop a positive self-concept is very important for future happiness and success.

Average Social Development During the First Year

As with other areas of development, children's social development occurs in a predictable pattern. The rate of this development varies from child to child and you should view any outline depicting social stages with this in mind. Your child may not develop at the same rate as another child. Table 16.4 shows the average social development during the first year.

Average Social Development During the First Year

One Month

- Face lights up when seeing you
- May smile when recognizes your voice
- Enjoys looking at the human face

Two Months

- Looks at you directly
- Smiles at you
- Kicks, waves, and smiles to show affection

Three Months

- Knows several people
- May cry when you leave
- Uses facial expressions and sounds to communicate

Four Months

- Laughs when socializing
- Enjoys being handled and cuddled
- Is more sensitive to strangers

Five Months

- Raises hands to ket you know he or she wants to be held
- Gains attention by smiling and vocalizing
- May play peek-a-boo

Six Months

- Stares at strangers, smiles at familiar people
- Wants constant attention from you
- May respond to own name

Seven Months

- Will prefer you to any other person
- Enjoys siblings company
- Shows a sense of humor by teasing

Eight Months

- Shows fear of strangers
- May display separation anxiety
- Becoming more aware of social approval and disapproval

Nine Months

- Repeats applauded and praised behavior
- Waves bye-bye
- Is becoming more sensitive to children

Ten Months

- Likes to "perform" for family
- Improved ability to imitate
- Seeks approval yet sometimes does not cooperate

Eleven Months

- May test your limits
- May begin saying no to you while shaking head
- Shows affection to objects as well as humans

Twelve Months

- Can communicate affection and jealousy
- Can play and understand games
- Likes to be the center of attention

Table 16.4

Points to Remember

- Your baby will grow and change rapidly during the first year of life. He or she will grow and develop from a newborn who can communicate only by crying to a baby who recognizes you and squeals with delight when you enter the room.

- One developmental task should be accomplished before another one can be completed successfully. The age when certain changes occur is not as important as the order of the changes. Age becomes a concern only when a child is extremely slow to develop.

- An infant's proportions, or size relations between different parts of the body, are not like an adult's proportions.

- Our bodies have many systems which include the nervous, digestive, excretory, cardiovascular, and respiratory systems. Many body systems, though immature, have completed developing by the time your baby is born.

- Your baby's motor-skill development will open a whole new world for both you and your child. Accidents are a leading cause of death and injury for children. As a parent, you need to be aware of potential accidents and prepare for the dangers that new motor skills may present.

- Your baby will develop about half of her or his mature intelligence by four years of age. As you observe your baby, you will sense that mental abilities actually are ahead of physical abilities in many ways.

- You can help your baby connect words with meanings by talking with him or her and labeling objects with specific names. This helps your baby make the association between an object and that object's name.

- Physical and intellectual development are fairly easy to see and identify. Other ways your baby develops are not as clear cut and observable; however, these changes can be just as exciting. Your baby will grow in the areas of social and emotional development.

- You may notice that even within your own family there are wide varieties of temperaments. One reason people in the same family can have different personalities is because each individual has a unique pattern of heredity that makes that person respond differently to similar environments.

- Bonding is essential as your child begins to develop attachment and love for you. Bonding lays the foundation for further emotional, social, and moral development because it teaches a baby to trust and love another person.

- Your baby needs to gain a sense of attachment to you. This attachment happens when you interact with your child in a loving and responsive manner. Children who do not receive this type of attention may become withdrawn and unresponsive.

Vocabulary

aggressive temperament
babble
baby bottle tooth decay
bonding
calm temperament
cardiovascular system
cartilage
circumference
cooing
cortex
deciduous teeth
dehydration
developmental stages
digestive system
emotional development
endocrine glands
excretory system
fontanels
growth hormone
hormones
inborn
infants
large-muscle development
midbrain
milestones
myelin
myelinization
nursing bottle mouth
ossification
personality
pituitary gland
proportions
rate
respiratory system
self-concept
sensitive temperament
separation anxiety
sequence
small-muscle development
social development
thriving
thyroid
thyroxine
trunk

Review

1. Research why the age when certain developmental changes occur is not as important as the order of the changes for physical, intellectual, emotional, and social development.
2. Outline the physical development of an infant up to one year; include details about weight, length, head circumference, body proportions, bones, and teeth.
3. Explain why doctor's keep records of a child's growth.
4. Discuss the unseen physical characteristics of a child such as the hormones and body systems.
5. Define motor development and the cautions related to new motor skills, and explain how motor development is related to physical development.
6. How can an infant's intellectual development impact physical development? social? emotional?
7. What types of communication skills do infants use?
8. Why is it important for you to be a good role model for your infant?
9. What are three general types of personality traits in children from birth to age one?
10. Outline emotional and social development of an infant up to one year. Discuss how a parent's emotional and social state can affect these types of development.

17

Child Development: one to three years

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

- ➪ Describe the stages of growth and development of infants and children from birth to three years of age.(6B)

The development of your child between the first and third birthdays is an interesting time for both of you. This period from your child's first steps to about age three often is called toddlerhood. Many abilities come together to pull your child from infancy into childhood. Your child will continue to develop physically, intellectually, emotionally, socially, and morally. This development will bring new challenges to you as a parent as you help your child learn about herself or himself and the surrounding world.

Physical Development

Your baby will continue to grow at a rapid rate from age one to three. Though physical development slows down, there are still major changes that take place in a child's appearance before the age of three.

HEIGHT AND WEIGHT

Your baby's growth in height will slow by about half during the second year of life. Heredity plays an important role in a child's growth. ***Heredity*** refers to the characteristics that are passed from parent to child. If your child is tall, it is likely an inherited characteristic. In general, if children are tall at this age, they will be tall as an adult. Similarly, short children most often grow to be short adults.

Your baby will gain weight at a slower rate than during the first year. The weight gain may be less than half of what it was from birth to age one. Heredity plays a role in weight gain also, but environment may play a key factor in this aspect of physical growth. Factors such as the types of foods eaten, how much your child exercises, and the overall health of your child can affect how much weight is gained between the ages of one and three.

BODY PROPORTION

Body proportion also will change during this period of time. In other words, the comparison of the size of body parts in relation to other parts will change. For example, when a child is born the head size represents one-fourth of the total body length. By the age of two, a child's head will represent about one-fifth of the total body length. This continues to change until adulthood when the head represents about one-seventh of the total body length.

Your child's proportions will change in circumference as well. Chest size will increase in inches, but the head will grow more slowly.

OTHER BODY CHANGES

By age three your child will have better posture. The spine will straighten because the bones are stronger and the arms, legs, and trunk are longer. This redistribution of weight will give your child the balance needed for better posture.

The strengthening of the bones in your child's body affects posture and benefits your child in other ways. Soft bones are subject to more disease or deformation, and when the bones in your child's body harden, they are less prone to such problems. Soft bones are more flexible than hard bones; this is why an adult's bones break more easily than a child's.

By the time your child is two years old, the brain is 80 percent developed. The brain develops at a faster rate than other body organs, showing the tendency of development to occur from the brain down the spine.

> ***The greatest natural resource that any country can have is its children.***
>
> ***— Danny Kaye***

A great deal of body fat, often referred to as ***baby fat***, will decrease by the time your child is three years old. The greatest decrease in body fat occurs between nine months and two and one-half years.

TEETH

Shortly after two years, your baby will have a full set of ***deciduous*** or baby teeth which will be replaced by permanent teeth later in life. While baby teeth are not permanent, they are very important to the health of your child. They aid in the ability to eat solid foods, thereby promoting nutrition. Deciduous teeth also help to shape your child's jaw, influencing the appearance. They also are vital in helping your child pronounce words correctly.

Dental Hygiene

As a parent you need to be aware of ways to promote the dental health of your child. It is a good idea to provide foods that contain calcium, which aids in healthy tooth and bone development. Good sources of calcium include milk and milk products, leafy green vegetables, and broccoli. Fluoride is another mineral that helps minimize tooth decay by hardening the outer layer of the teeth. Good sources of fluoride include fluoridated drinking water, fluoridated toothpaste, and fruits and vegetables grown in areas where the natural fluoride level in water is high.

The foods you feed your child play a role in the development of tooth decay. The risk for tooth decay increases with the ingestion of foods containing sugar. Sugary foods create a perfect climate in the mouth for the growth of bacteria that destroy tooth enamel and cause tooth decay. Toddlers can learn to brush their teeth when they are able to hold a toothbrush. The best way for your child to learn toothbrushing is by watching you brush your teeth. You will need to help your child reach all of the teeth and complete the job. It is wise to brush your child's teeth two to three times a day until he or she can do so.

MOTOR SKILL DEVELOPMENT

Large- and small-motor development is still occurring between the ages of one and three.

Practicing and refining motor skills developed during the first year will aid in further motor development.

Large-motor Development

Large- or gross-motor development involves the muscles found in the legs, back, shoulders, and arms. This development leads to your child's ability to crawl, walk, jump, and run. Climbing may begin as soon as your baby learns to crawl or creep.

Around the time of the first birthday, your baby may begin to walk. She or he will probably spend a lot of time standing and falling before this skill is accomplished. These skills require balance and control. You may notice that your child watches the placement of every step. This practice will continue until around the age of three. Muscle development allows toddlers to stop and start quickly. Your child may be able to run and jump at about two years. Jumping is awkward at first because toddlers tend to jump off low objects with two feet and their arms back. This contrasts with adults who use their arms in a forward movement to help them jump.

Small-motor Development

Another area of motor skill development includes small- or fine-motor skills. Fine-motor skills use the muscles of the ankles, wrists, and fingers. Your child will practice these skills by picking up and manipulating different objects. As fine muscles develop, your toddler will be able to handle more complex tasks. Fine-motor development also depends on ***eye-hand coordination***. Eye-hand coordination is a child's ability to coordinate the hands and fingers in relation to what is seen.

Evidence that your child is advancing in fine-motor skills can be seen as hand gestures are added in communication. This development also will be obvious as your child's ability to remove clothing like hats and shoes, to turn pages of a book, to use utensils, or to draw with crayons improves.

Average Motor Skill Development

Many factors influence the time line for physical development between the ages of one and three years. These factors include
- health,
- physical size,
- stimulation, and
- opportunities provided.

When you refer to the guidelines in table 17.1 that suggest when motor skill development might occur, you should take these factors into consideration.

Average Motor Skill Development: One to Three Years

Thirteen to Fifteen Months
Gross Motor
• Walks without assistance • While walking cannot maneuver around corners or stop suddenly
Fine Motor
• Builds a tower consisting of two one-inch cubes • Turns pages in a book two to three at a time
Sixteen to Eighteen Months
Gross Motor
• Walks up steps • Walks well while carrying a toy or pulling a pull toy
Fine Motor
• Hurls a ball
Nineteen to Twenty-two Months
Gross Motor
• Kicks backward and forward • Rolls and pounds clay
Fine Motor
• Places four rings on post in random order • Draws with spontaneous scribbling
Twenty-two to Twenty-four Months
Gross Motor
• Attempts to stand on balance beam • Runs without falling • Kicks a large ball
Fine Motor
• Builds tower of six cubes

Table 17.1

Twenty-four to Twenty-nine Months
Gross Motor
• Jumps in place • Plays on swings, ladders, and other playground equipment with fair amount of ease
Fine Motor
• Inserts key into lock • Turns pages in book singly • Strings large beads • Copies a circle, vertical line, and horizontal line • Uses, opens, and closes scissors properly
Thirty to Thirty-six Months
Gross Motor
• Walks on tip toes • Attempts to balance on one foot • Catches a large ball with arms • Walks up stairs with alternating feet
Fine Motor
• Builds tower of eight cubes • Copies an "H," "V," and a circle • Snips paper with scissors

Table 17.1 (continued)

LIFE SKILLS

At this stage children begin learning to take care of themselves. This may come as both a welcomed relief and a trial for you. The skills your child will be practicing that eventually lead to independence include the following:
- eating
- dressing
- grooming
- toilet training

Eating

Children enjoy learning to feed themselves. Mealtime is a very good time for you to encourage this independent skill. However, it is wise to consider the physical skill level of your child. For example, if your child is twelve months old, you may need to cut food into small pieces and provide food that is easy to grasp and chew. As physical development progresses, your child will be able to use utensils such as a spoon and a cup. If your child is not ready for these utensils, it is wise to wait because it can be frustrating to use objects that are not easily manipulated.

Dressing

Your child will attempt to dress himself or herself during this time period. Toddlers usually can put on simple articles of clothing though they may at times put them on incorrectly. For example, they may pull a pair of shorts on backwards or put a shoe on the wrong foot. It may seem easier to dress your child, but on occasion it is wise to be patient and encourage independence; this allows your child to attempt the skills involved in dressing.

Grooming

A toddler can begin to learn about cleanliness and grooming. Your child will enjoy learning grooming skills as long as you are relaxed and pleasant when you teach these tasks. If you show your child how to use a toothbrush, your child should be able to brush the teeth with some supervision from you. At this age, a child should be able to wash her or his hands. Activities involving water are very attractive for a child. If you provide a stable stool on which to stand, your child eventually may be able to accomplish these tasks with supervision.

It may be easy at this point to get your child to take a bath. Most toddlers enjoy playing in the bathtub though they may not be very concerned about cleanliness. Children can begin to learn to wash themselves, but to ensure that your child has a thorough bath it is wise to help with this process. Never leave your child alone in the bathtub as this could lead to disaster! Examples of such disasters include
- pulling an appliance in the water,
- drowning,
- slipping, or
- falling against a fixture.

Refer to Chapter 14 for more information about safety.

Toilet Training

Most children are ready for toilet training at about two to two and one-half years old. If the process is too difficult or there are too many battles involving toilet training between you and your child, then chances are the child is not ready to learn to use the toilet.

Readiness involves being able to control the muscles in the bowel and bladder regions. These muscles must be mature in order for toilet training to be successful. Many parents have begun this training only to find that their child is not yet. ready. If this is the case with your child, it is best to put off toilet training attempts for a few weeks. If your child notices the difference between being wet and being dry and seems to be interested in the whole process of toilet training, then perhaps the child is ready to begin to learn to use the toilet.

You will have better luck toilet training your child when you use reward rather than punishment. Parents who are overly strict and rigid can cause emotional difficulties that may have long-lasting effects for their child. As in most aspects of parenting, gentle, calm encouragement yields the best results.

Your child may realize the result of urination when wearing training pants rather than diapers. It is a good idea to continue putting your child in diapers at night because nighttime wetting can occur for a while after daytime dryness has been mastered. Children may have occasional accidents with bowel movements as well, even though they may appear to be completely trained. An accident may be a result of sickness or a new food that does not agree with the child's system and is no reason for punishment.

Intellectual Development

The best method to promote intellectual development for your child between the ages of one and three is to spend quality time together and to provide a reasonable amount of toys, books, and things to play with and look at. Children develop intellectually as their ability to understand and reason, or draw conclusions, increases. Your child's intellectual ability is determined by heredity and environment. This means that your child is born with a capacity or potential for a certain intellectual level, but outside influences play a very important role in whether or not your child will reach his or her intellectual potential. What your child learns between the ages of one and three will set the stage for later learning. This is why it is important to provide your child with the best environment you can in order to promote intellectual development.

HOW CHILDREN LEARN

As your child experiences life, learning takes place. She or he will begin to understand and draw conclusions about the world by interacting with objects and people. At the toddler stage, much of what children learn is learned during play. Children are naturally curious about the world around them. Curiosity can be positive because it promotes learning. You should try to provide an environment that allows your child to explore and satisfy curiosity while making sure that the environment is free of hazards.

Your child will observe the actions of others and imitate them. This is a way of learning as your child picks up both skills and behavior patterns. Your child also learns by making attempts at a new skill over and over again. Through repetition, a behavior or action is learned.

You can play a part in the intellectual development of your child by talking with your child, playing with your child, and reading developmentally-appropriate material to your child. Though you may think your child is too young to be read to, it is important that you provide this experience. Through reading you help your child use his or her mind. Your child will appreciate the time you spend interacting in this way and will come away with a positive feeling about books and reading. You are not starting this activity too soon by reading to your child at fifteen months. If your child does not seem interested, wait a few months and try again.

A one-year-old will like books that rhyme or have some sort of rhythm. Picture books also are very popular for this age group. At two years, your child will begin to appreciate simple short stories. You will find that a favorite book will be requested over and over again. Your three-year-old will enjoy stories that are slightly longer and more in-depth. Books about other children and books that explain the way familiar things work are usually favorite topics for three-year olds. Children of this age like to use their imagination, so books that allow them this opportunity are also popular.

WHAT CHILDREN LEARN

Your child's ability to remember things will improve over time. Most children between the ages of one and three do not use any strategies for helping their memory. Older children and adults tend to aid their memory by repeating the things they want to remember over and over again or by organizing them into groups or logical sequences. Memory is important for intellectual development because it supports concept development. ***Concept development*** involves your child's ability to place objects and things into general categories. When your child is able to remember skills, experiences, and information, concepts dealing with things such as size, shape, numbers, parts and wholes, space, time, and temperature begin to develop.

At first your child will put things into general categories. For example, she or he may look at a duck or a goose and say "birdie." As time goes on, your child will realize there are differences in birds and begin to place them into smaller categories.

INTELLECTUAL ACCOMPLISHMENTS

There are several areas of intellectual growth taking place between the ages of one and three. These include the following:

- attention span
- recognizing and interpreting information
- problem solving
- imagination and creativity
- exploration

Attention Span

Your child will develop a longer and longer ***attention span.*** This means that the child will be able to concentrate on one activity for longer periods of time. At about eighteen months, your child will have a relatively short attention span. A short attention span makes entertaining your child difficult as attention shifts from one thing to another. As your child matures, his or her attention span will become longer. By age three, you may notice a big change in this area.

Recognizing and Interpreting Information

As a child matures, the ability to take in and interpret information also will mature. For example, as an infant your child may have heard you rattle your keys as you were leaving the house and may not respond. As the ability to take in and interpret information develops, your child may recognize this sound and respond by running to grab a pair of shoes in anticipation of a car trip.

Problem Solving

As a child develops intellectually, problem-solving abilities also mature. At first, newborns look to parents for help with everything. As babies mature they begin to solve their own problems. During toddlerhood, your child will learn to find the solution to a problem. For example, a child might figure out how to get a toy down from a counter or shelf. Instead of attempting to reach for the toy or calling for someone to help, the child may conclude that the best way to solve this problem is to place a stool near the counter to get the toy down on her or his own.

Imagination and Creativity

Children show that they are developing intellectually through the use of their imagination. Your son or daughter may demonstrate imagination in many ways including making up stories, playing "pretend," or creating an imaginary environment or friends. Beginning at about age two, your child may have the ability to use ***symbolic thought*** or the ability to let one thing represent something else. For example, your child may use a fork as an airplane.

Creativity is another way children will show intellectual development. Children will demonstrate creativity by expressing original thoughts possibly through a drawing or in the form of a story that they think of on their own. Children in the one- to three-year-old age category love to be creative. It is important to encourage imaginative thinking and creativity in your child because they are important parts of learning.

Exploration

Your baby will want to explore the world. This is an outgrowth of the natural inquisitive nature that stimulates children to discover their surroundings. If your child is allowed to explore the world, within safe limits, a degree of independence will develop. When parents hold their children back from exploring, they may slow the type of learning that naturally occurs as children examine, manipulate, look at, and listen to things in their environment.

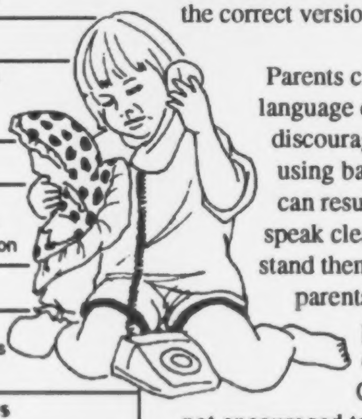
Average Intellectual Development

A child's intellectual development is determined by heredity and environment. These factors make it impossible to determine exactly when a child will accomplish a particular intellectual task. It is important to consider this when comparing your child with a set of guidelines suggesting when mastery of a particular intellectual skill might occur (see table 17.2).

Average Intellectual Development: One to Three Years

Thirteen to Fifteen Months	• Knows four to six words, including names • Identifies familiar people in photographs • Looks through books and pats pictures
Sixteen to Eighteen Months	• Imitates a drawing stroke • Knows about ten words, including names • Acknowledges absence of a familiar person
Nineteen to Twenty-four Months	• Looks selectively through books • Has a vocabulary of twenty or more words • Combines two or three words together
Twenty-four to Twenty-nine Months	• Can answer simple questions like "What is your name?" • Knows several body parts • Can form three-word "sentences"
Thirty to Thrity-six Months	• Can follow directions given in two steps • Knows how to answer simple "where" questions • Understands spatial concepts like "on," "under," and "together"

Table 17.2



LANGUAGE DEVELOPMENT

What your child thinks about will be evident to you through actions and words. Your child will express many things through actions up to the age of one. After this age the ability to communicate through words improves, and your child will begin to express thoughts through language.

Children pick up new words at different rates. This should not overly concern a parent. A child who seems to be slow at learning new words at one point can pick up several new words all at once at another point.

Your child may use words that are related only somewhat to actual words. A parent should not continually correct a child who pronounces words incorrectly because children at this age are just beginning to learn to speak. It is a wise idea, however, to acknowledge these first attempts by accepting them and responding with an adult version of the word. For example, a toddler who says "backie-ard" instead of "backyard" can be responded to by a question such as, "Do you want to play in the backyard?" or "Do you see your swing in the backyard?" This reinforces the attempts at language children make and allows them to hear the correct version of the word they are using.

Parents can discourage or encourage language development. One way parents discourage language development is by using baby talk with their children. This can result in children being unable to speak clearly enough for others to understand them. Limited dialogue between parents and children is another way parents discourage language development in their children. Children who are not spoken to or not encouraged to participate in conversations may develop language very slowly.

During toddlerhood, children generally increase their vocabulary by labeling things and people. You can encourage your child to develop a larger vocabulary through interaction. You can point to an object and name it for your child. Your child probably will repeat what you have said and eventually this new word will become a part of your child's vocabulary.

As your child's language develops, he or she will begin combining words. It is likely as this happens that your child will not use standard grammar. Even if you try to correct grammar, you may fail because toddlers generally do not repeat whole sentences but prefer to create their own sentences. Your child probably will learn to speak correctly by listening to you and other people.

Children who do not speak before the age of three may be late talkers. Not all children who are late talkers have parents who do not speak with them. Sometimes there is a problem hindering the development of language. If you feel your child does not understand what you say, speaks very little, or has difficulty speaking or hearing, discuss the situation with your child's doctor. There may be a medical problem and medical treatment may be necessary.

Social and Emotional Development

SOCIAL DEVELOPMENT

Your child will take on the habits, beliefs, skills, and knowledge of society through the process of socialization. ***Socialization***, or learning how to get along with other people, will take place through contact with you, other children, neighbors, friends, and relatives. Children benefit from the socialization process when they begin to understand the rules of conduct as presented in society.

Your child's social development is dependent on her or his physical, emotional, intellectual, and moral development. Therefore, it is impossible to say that a particular social skill will be evident at any one time, and any statements of what social development takes place at any certain age are just estimations.

Twelve-month Olds

A child will be at the height of sociability around the first birthday. Your child will most likely enjoy social give-and-take. This usually changes at about fifteen months. The typical fifteen-month-old is not much of a people person and except for having needs met may prefer to be left alone. The child of this age who is placed with other children basically will ignore them except to grab something away from another child. Fifteen-month olds tend to be independent and more concerned with their own needs than the needs of those around them. The fifteen-month-old is not completely without charm. If asked, your child may perform the little tricks that entertained you in the past such as "pat-a-cake" and waving "bye-bye."

Eighteen-month Olds

The typical eighteen-month-old is even more egocentric than the fifteen-month-old. ***Egocentric*** refers to people who think only of themselves. You may find your child ignoring other people while showing affection to you. Your child may respond to other adults, but most often the adult must make the first effort. Your child will develop a sense of self at this age by opposing others. This opposition can be directed at other children whom your child may ignore unless that other child is playing with something your child wants. The typical eighteen-month-old, though egocentric, can times be very loving and social.

Somewhere between eighteen months and two years of age, your child may begin to engage in parallel play. ***Parallel play*** refers to children playing side by side doing similar things but not in a cooperative or coordinated way. This is why a play group of two-year olds tends to be very quiet. The children are involved in playing with the toys but not involved in interacting with one another.

Two-year Olds

Between the ages of two and two and one-half, your child may find it fun to have someone to play with. Even though most of the play is still parallel play, your child may enjoy just being with another person.

At two and one-half, your child may say "Mine!" a great deal when playing with other children. Objects are the focus of interaction. Children may fight for any toy they are using, might use, or consider a belonging. This defense of toys may take the form of hitting, screaming, or grabbing. This is a very aggressive age for children, and these play sessions can often become quite challenging. A wise parent will consider the typical behavior of a child this age and will monitor the behavior of children engaged in social situations.

You can help your child by providing times to play with others. You can provide toys that everyone can play with such as clay or sets of

paint. You can suggest activities like a seesaw that take two children to play. It is a good idea to remember that cooperation is a new concept for your child and just as in other areas of development, a child will learn to cooperate only through practice and guidance.

Three-year Olds

As your child nears age three, you will find him or her rather agreeable. Even though children of this age are still rather immature in social skills, they tend to be very enthusiastic about other children. Your child may appear less egocentric and begin engaging in cooperative play. ***Cooperative play*** refers to a child interacting and actually playing with another child instead of just side-by-side play. At this age your child may become interested in the feelings of others. This is beneficial for the adult who chooses to solve a fight between children by pointing out how the other child might feel. At this age your child may be more interested in other children than any other activity. In fact, your child may begin to refer to other children as friends.

It is important for a child to learn how to make friends. The social skills developed at this age form the foundation for later interactions your child may have. It is important to provide opportunities for your child to be around other children. These opportunities teach your child to interact with others, thus making the transition to school somewhat easier.

EMOTIONAL DEVELOPMENT

In the years before three, emotional changes are important. Your child will learn to be a better member of society as the ability to control feelings develops.

As a parent, your job will be to encourage your child's curiosity and provide appropriate controls. If you provide consistent limits, your child will learn to control behavior. Without limits, your child will become very insecure and anxious.

Your child's emotional development may involve stages of ***harmony*** followed by stages of ***disharmony***. For example, the typical two-year-old is much easier to get along with than the typical two and one-half-year-old. This is all a part of the pattern of development and is necessary for the maturation from one stage to the next. Keep in mind that stages of disharmony most likely will be followed by stages of harmony.

Twelve-month Olds

Studies show that even infants are emotional creatures. By the time your baby is one year old, emotions such as embarrassment, pride, shame, and guilt can be displayed. These emotions generally are displayed after children are able to identify themselves in a mirror or photograph, signaling self-recognition.

Parents tend to influence their children's emotions by reinforcing and responding to positive emotions such as joy, interest, and surprise. They tend to ignore negative emotions. Babies learn quickly which emotions are acceptable and which emotions are unacceptable. You can help provide emotional well-being in your child by maintaining close contact and interaction. Interaction provides a sense of attachment and trust that is important for a child's development of security and self-esteem.

Eighteen-month Olds

Your eighteen-month-old may tend to display uneven, unpredictable, and violent displays of temper. The key factor is that your child may not be able to ***modulate*** or adjust emotions to the proper degree. For example, if your child does not like something she or he may throw a temper tantrum. An older child may simply frown or pout.

Two-year Olds

Two-year olds are easier to cope with. They usually are gentle and friendly. Many emotional displays change between the ages of eighteen months and two years. Your child will seem calmer and more self-assured and less likely to express anger and frustration at the level he or she did at eighteen months. Your two-year-old will

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probably be happy much of the time and express a like of other people.

Two and one-half-year Olds

A child nearing two and one-half may again display demanding emotions. A child at this age is frustrated easily, and these frustrations often are vented through temper tantrums. While they desire to be independent, two and one-half-year olds may still feel in many ways like a baby. Although your child may need your help to accomplish a task, the desire to be independent may cause a resistance to any help offered.

Children at this age may seem very rigid and complex, but much of the time you will find them to be fun and interesting companions. This is because everything is still new to your child, and as you discuss new facts and share new experiences, she or he will be excited and enthusiastic about learning.

Three-year Olds

As your child nears age three, the exaggerated emotional displays should subside. Emotionally, the typical three-year-old is rather happy. Your child probably will be calm and have a sense of security that makes him or her able to be friendly and giving. Your three-year-old will conform to established rules more easily and will like to please you. The key characteristic of this age is conformity.

Moral Development

Moral responsibility involves rearing your child to be a responsible and contributing member of society. A child's ***moral development*** involves respect for others, understanding of rules, and ability to make good value decisions about what is right and wrong.

Your child's moral development evolves over time as the child learns to base behavior on what is perceived to be right or wrong. As moral development occurs, children create a set of rules that they follow to control behavior. It is your responsibility to help your child develop this moral sense. When parents do not help their children establish this sense of moral behavior, their children suffer. Children who do develop a sense of moral behavior will find it easier to make positive decisions in the future.

As a child becomes more mentally mature, a conscience develops. ***Conscience*** is a feeling for what is right and wrong. The development of morals and a conscience relates closely to social, emotional, and intellectual development. The development of a conscience usually occurs at around age five. Your child does not have the ability to generalize or formulate general principles about a specific act until this time. For example, she or he may learn through experience that hitting a neighbor child is *bad* but may not understand that hitting you also is unacceptable behavior. Your child's sense of right and wrong often is dependent upon the situation.

You can help your child develop a sense of right and wrong by explaining why a particular behavior is unacceptable. This will help your child understand the consequences of the behavior and thereby build on his or her understanding of right and wrong.

An important part of helping your child develop morally is explaining how others feel when treated in a variety of ways. If you help your child learn how to think about and care for others, your child will develop the ability to have healthy social interactions. In other words, your child will be able to get along better with others by learning to treat people as she or he would like to be treated.

You can get a sense of how your child is developing morally and how you can help in this development by considering where your child is socially, emotionally, and especially intellectually. In helping your child to develop a sense of moral behavior, it is wise to know your child's level of understanding. For example, until a certain age babies cannot be expected to comprehend that they cannot grab everything they come in contact with. Even when you do say *no* to them, they have a need to discover the world around them and may not remember that you told them not to play with certain things. It is much better to place things out-of-reach that you do not want your child to touch than to expect your child to remember not to play with certain things. This is because your child may not have the intellectual ability to remember everything you have said to leave alone.

Points to Remember

- Your baby will continue to grow at a rapid rate from age one to three. Though physical development slows down, there are still major changes that take place in a child's appearance before the age of three.
- The foods you feed your child play a role in the development of tooth decay. The risk for tooth decay increases with the ingestion of foods containing sugar.
- Large- and small-motor development is still occurring between the ages of one and three. Practicing and refining motor skills developed during the first year will aid in further motor development.
- At this stage children begin learning to take care of themselves. The skills your child will be practicing that eventually lead to independence include eating, dressing, grooming, and toilet training.
- If your child notices the difference between being wet and being dry and seems to be interested in the whole process of toilet training, then perhaps the child is ready to begin to learn to use the toilet.
- The best method to promote intellectual development for your child between the ages of one and three is to spend quality time together and to provide a reasonable amount of toys, books, and things to play with and look at.
- Children who do not speak before the age of three may be late talkers. Sometimes there is a problem hindering the development of language. If you feel your child does not understand what you say, speaks very little, or has difficulty speaking or hearing, discuss the situation with your child's doctor.
- Your child will take on the habits, beliefs, skills, and knowledge of society through the process of socialization. Your child's social development is dependent on her or his physical, emotional, intellectual, and moral development.
- Parents tend to influence their children's emotions by reinforcing and responding to positive emotions such as joy, interest, and surprise. They tend to ignore negative emotions. Babies learn quickly which emotions are acceptable and which emotions are unacceptable.
- Moral responsibility involves rearing your child to be a responsible and contributing member of society. A child's moral development involves respect for others, understanding of rules, and ability to make good value decisions about what is right and wrong.
- If you help your child learn how to think about and care for others, your child will develop the ability to have healthy social interactions. In other words, your child will be able to get along better with others by learning to treat people as she or he would like to be treated.

Vocabulary

attention span
baby fat
concept development
conscience
cooperative play
deciduous
disharmony
egocentric
eye-hand coordination
harmony
heredity
modulate
moral development
parallel play
socialization
symbolic thought

Review

1. Outline the physical development of a child between the ages of one and three; include details about height, weight, head circumference, body proportions, bones, and teeth.
2. What can you do to promote good dental hygiene in your child?
3. How do motor skill and physical development relate to the development of life skills in a child age one to three?
4. Discuss how children learn.
5. What can you do to encourage intellectual development in your child?
6. List and explain three of the intellectual accomplishments taking place in a child between the ages of one and three.
7. Create a chart that lists ways in which a child communicates.
8. In what ways do parents sometimes discourage language development in their children? How can parents encourage language development?
9. Discuss a child's social and emotional development at different stages between the ages of one and three.
10. How are social and emotional development interrelated in children age one to three?
11. Why are social, emotional, and intellectual development so important to a child's moral development? How do you plan to affect your child's moral development?

18 Influences on Child Development

Essential Elements

(6) Concepts and skills related to the development of children from birth to three years of age.
- Summarize various theories and principles of growth and development.(6C)
- Analyze influences on social, emotional, intellectual, physical, and moral development.(6D)

Many theorists and other individuals have studied children and how they develop. People who are specialists in child development are ***scholars*** in this area. Child development scholars form ideas about how children grow and develop. Child development scholars can be researchers, theorists, or both. A ***researcher*** investigates a field of knowledge to discover facts or principles. A ***theorist*** looks at the facts or principles that the researcher has uncovered and develops a theory.

Theories of Growth and Development

A ***theory*** is an organized set of ideas or a plan involving a topic. Theories about child development explain, describe, or predict what happens to children as they grow and learn. There are many types of theories related to child development. They include the following:

- cognitive
- biological
- genetic-influence
- psychoanalytic
- behaviorist
- humanistic
- moral development

Many types of theories seem to be associated with a major theorist. For example, Jean Piaget was a cognitive theorist and Sigmund Freud was a psychoanalytic theorist.

COGNITIVE THEORIES

Cognitive skills involve the ability to organize thinking in order to solve problems or understand concepts. ***Cognitive theories*** emphasize the development of thought over other developmental aspects. ***Jean Piaget*** was a Swiss psychologist who won fame for his studies of the thought processes of children. Piaget realized the similarities in the development of children's thinking, noticing that all seem to encounter the same mistakes while exploring their world and seem to come to the same conclusions in the end.

Piaget's Stages of Mental Development

Piaget believed that there was a biological developmental force that pushed children through changes in the way they think. He thought that children go from simple to more in-depth and complex thinking. Piaget believed that the capacity for logical thought is not learned, but determined in the genes or by heredity, and that children cannot be forced to learn faster than their abilities allow. His theory states that it is useless to try to teach children things they are not ready to learn, such as certain math concepts. However, when children are not given the chance to test and explore their limitations, their intellectual development may be slowed or halted.

According to Piaget, children pass through the following four periods of mental development until their thinking patterns gradually become similar to the thinking skills of adults:

- sensorimotor stage, zero to two years
- preoperational stage, two to six years
- concrete operations stage, six to twelve years
- formal operations stage, twelve years to adulthood

Sensorimotor Stage (0 to 2 years)

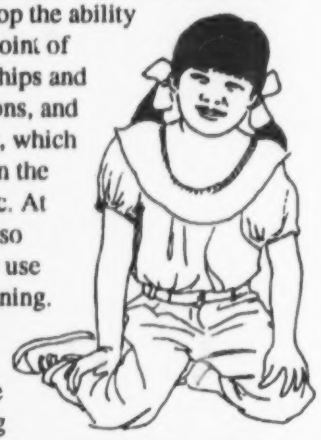
The sensorimotor stage is the stage at which children develop knowledge about the relationship between their bodies and outside objects by experiencing the sensations associated with motor responses or physical responses. For example, a baby may bat at a rattle, and when it makes a noise, the baby may hit at it again.

Preoperational Stage (2 to 6 years)

The preoperational stage is the stage at which a child develops the capability of ***representational thought*** or the ability to use symbols to picture things in the mind. Simple language skills and drawing abilities begin to develop at this time. Imagination and make-believe play are important parts of children's intellectual development during the preoperational stage.

Concrete Operations Stage (6 to 12 years)

The concrete operations stage is the stage at which children develop the ability to see from another point of view, to see relationships and events in two directions, and to reason ***deductively***, which means reasoning from the general to the specific. At this stage, children also develop the ability to use conservation in reasoning. ***Conservation*** refers to the child's ability to understand that the quantity of something can stay constant despite a possible change in appearance. For example, a short, wide glass can hold the same amount of water as a tall narrow glass.



Formal Operations Stage (12 years to Adulthood)

The formal operations stage is the stage at which older children and adolescents develop the ability to think about abstract thoughts such as freedom and love and use logical thought to deal with complex problems. This stage also is characterized by engagement in ***hypothesis testing*** or the thinking of and testing of various alternatives.

Piaget believed that children begin to deal with, or react and respond to, the world around them by constructing ***schemes*** or mental maps of what they discover. As children take in new knowledge, they attempt to fit this information into their schemes. If the new information fits in with the child's scheme of the world, the child ***assimilates***, or absorbs, the new information into the existing scheme. For example, a child knows that a small, white, four-legged animal with a tail is called a cat. The child sees a small, black, four-legged animal with a tail and calls it a cat.

Accommodation results when the child changes an old concept to fit a new piece of learning. For example, he or she sees a small, white, four-legged animal with a tail and calls it a cat. The child is told that object is a dog. Accommodation allows the child to change the concept of cat to add a new concept, dog. This action results in the child changing the scheme to match the new view of the world. ***Equilibration*** occurs as a balance between assimilation and accommodation is reached allowing the child to make sense of the world.

BIOLOGICAL OR GENETIC-INFLUENCE THEORIES

Biological or genetic-influence theories of development propose that people are born with a genetic plan. In other words, these theories attempt to show that patterns of development and human behavior are programmed before birth by genetic makeup or heredity. The theories recognize that all humans have common developmental patterns that determine the order that development occurs; however, the time line for this development is not absolute. ***Biological theorists*** believe that the environment surrounding an individual also influences development. A person who grows up in a healthy environment that supports and promotes development will experience a normal unfolding of a predetermined plan of development.

Genetic-influence theorists recognize that environment is highly related to the personality of each individual. They also believe that individuals choose environments that fit their inherent or inborn temperaments.

Normative/Maturational Theory

A theory which has had a great impact on the study of changes in children is the normative/maturational theory of ***Arnold Gesell***. His theory states that mental growth can be seen in physical skills and behavior. Gesell believed that mental growth develops as a result of physical maturation and has less to do with external influences from the environment.

Norms

Gesell and his co-workers recorded detailed observations of thousands of children. From these observations, they developed ***norms***, or standards which indicate when children normally show certain skills or behavior. For example, these norms tell us the average weight and height for an eight-month-old or the average age that children begin to walk alone.

The norms identified were used in several ways. Tests were developed to diagnose developmental delays in children, and detailed descriptions of "behavioral stages" were developed. This "ages and stages" approach links specific ages with specific behaviors. For example, "the terrible two's" is described as a stage of negativism that the child will outgrow. These norms were also used as evidence to support Gesell's principle of maturational readiness.

Maturational Readiness

Maturational readiness refers to the theory that a child must be mature enough, emotionally and physically, in a given area before training in that area is effective. If all behavior were simply learned, certain skills would emerge at widely different ages depending on the training given. Instead, the norms show that in the early years most children develop the same skills at about the same age ranges. For example, it does not matter how much training an infant receives, toilet training will not be achieved until certain muscles have matured to the necessary level.

PSYCHOANALYTIC THEORIES

The founder of psychoanalysis was ***Sigmund Freud***, a physician from Austria who specialized in nervous and mental diseases. Psychoanalytic theory arose from Freud's attempts to explain deviant behavior in adults. ***Deviant behavior*** refers to behavior that is abnormal or strays from the norms of society.

Erikson's Stages of Life

Erik Erikson, a German psychoanalyst, stressed the social and cultural influences on development. Erikson believed that the child's need for social approval is far more important for healthy development than mastering sexual gratification urges. Erikson's theory emphasizes that conscious choice determines behavior as much as the unconscious instinctual drives.

While recognizing that childhood experiences do impact adult functioning, Erikson believed that psychosocial development continues across the life span. ***Psychosocial development*** deals with a person's psychological development in relation to social environment. Erikson also recognized that development at each new stage depends upon the effective resolution of previous stages. This means that in order to move on to the next stage, the individual must successfully solve the conflict set up in the previous stage. Any unresolved issues from earlier stages will carry over into later stages and negatively affect an individual's ability to resolve them. Erikson's stages of life are as follows:

- **Trust versus Mistrust** (zero to one year) Infants develop fear or faith in the world depending upon the quality of the care given to them.
- **Autonomy versus Doubt** (one to two years) Children develop self-control and assertion or self-doubt, depending upon the amount of praise or criticism they receive from adults.
- **Initiative versus Guilt** (two to five years) Children make decisions that lead to feelings of initiative or feelings of guilt, depending upon the level of encouragement they feel and the amount of criticism they receive.
- **Identity versus Role Confusion** (adolescence) Adolescents are challenged to develop a personal identity while still fitting in with peers. Failure at this stage can result in identity confusion.

- **Intimacy versus Isolation** (early adulthood) Individuals either experience true intimacy with a partner or engage in behaviors that isolate themselves from others.
- **Generativity versus Stagnation** (middle age) Middle-aged adults either attempt to hang on to the past or move forward with a desire to contribute something to the next generation.
- **Integrity versus Despair** (later adulthood) Older adults either look back on their lives with a sense of satisfaction or a sense of despair.

BEHAVIORIST THEORIES

Behaviorists believe that observable behavior, not inner experiences, is the only reliable source of information. ***Behaviorism*** is a traditional learning theory that credits the environment as the primary source of developmental factors. It asserts that behavior is caused by external reinforcement such as reward and punishment, rather than internal, unconscious motivation. It states that learning is the main determiner of behavior. It explains child development as the sum of the responses people learn from their environment.

An American psychologist named ***B. F. Skinner*** developed the theory of behaviorism. The theory emphasized learning through such processes as classical and operant conditioning. The theory of ***classical conditioning*** states that when a neutral stimulus (something that does not normally cause an action) previously not associated with a response is paired with a stimulus which already causes that response, eventually the neutral stimulus will cause the response on its own.

Pavlov's Theory

The behaviorist movement was greatly influenced by the work of ***Ivan Pavlov***, a Russian physiologist. Pavlov experimented with the salivating behavior of dogs. He discovered that dogs would salivate when meat powder was placed on their tongues; at the same time, Pavlov struck a tuning fork. Eventually the dogs salivated when the tuning fork sounded, even without the meat powder. This experiment demonstrated that a reflex, such as saliva flow, can become associated with a stimulus that is not the one that first produced the response. In this case, the sound of the bell caused a response instead of the smell of food. Pavlov also discovered that after ringing the fork without feeding the dogs, over a period of time they stopped salivating. This seemed to prove that the conditioned response to the bell had become ***extinct***, or had died out. However, ***spontaneous recovery*** occurred when the two stimuli, in this case the sound of the tuning fork and the meat powder, were again paired.

Operant Conditioning

B. F. Skinner extended Pavlov's work to include a learned response called operant conditioning. ***Operant conditioning*** is a learning process in which the results or consequences of a particular behavior either encourage or discourage the repetition of that behavior. It is a type of learning where a behavior is controlled by what follows it. In operant conditioning, the response occurs before the reinforcing or punishing stimulus. For example, when a child attempts to draw a picture (response) and is praised (stimulus), the child learns to continue such attempts. There are several terms associated with operant conditioning which include the following:

- positive reinforcement
- negative reinforcement
- punishment

Positive Reinforcement

Positive reinforcement refers to the presentation of a pleasant stimulus following behavior, which increases the likelihood that the behavior will be repeated. For example, if a child is given a hug after cleaning her or his room, that behavior is likely to be repeated.

Negative Reinforcement

Negative reinforcement refers to the withdrawal of a negative stimulus after behavior, increasing the likelihood of repeat behavior. An example of this might occur when a child experiences pain because of a splinter in the finger. The child's parent removes the splinter, relieving the child's pain. Because of this, it is likely that the next time the child gets a splinter, he or she will want it removed right away.

Punishment

Punishment refers to the presentation of a negative stimulus or the withdrawal of a positive stimulus after behavior, which decreases the likelihood that the behavior will be repeated. An example of this is when a child is placed in "time out" for hitting another child. It is important to note that although punishment suppresses unwanted behavior, it does not give incentives for correct behavior as do positive and negative reinforcement.

HUMANISTIC THEORIES

Humanistic theory represents a rebellion against the more negative, pessimistic view of human nature that dominated psychoanalytic theory in the early 1900s. Humanistic psychologists criticize psychoanalytic theorists for representing people as being locked by destructive and irrational instincts set by childhood events. Humanistic psychologists also think that behavioral theorists are wrong to portray people as robots who have somehow been programmed by a conditioning force outside of their control. Humanists present an optimistic vision of human potential. They stress that people are able to plan for and construct their own lives and choose among options.

Humanistic psychology theorizes that humans strive for self-actualization or the realization of their full potential and well-being. They view this striving as a basic force and the essence of dignity.

Maslow's Hierarchy of Needs

Abraham Maslow was a major humanistic theorist. Maslow purposely set out to study healthy, creative, self-actualized people. Maslow placed all human needs into five categories and formed a hierarchy of needs. This hierarchy, commonly known as ***Maslow's Hierarchy of Needs***, is shown in figure 18.1

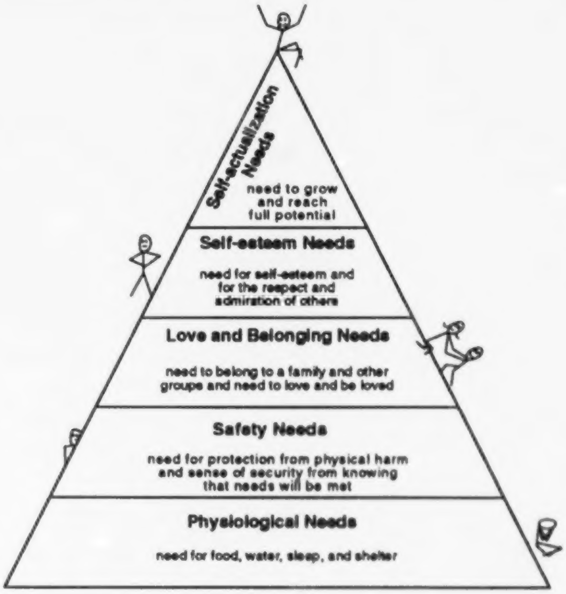

Self-actualization Needs
need to grow and reach full potential
Self-esteem Needs
need for self-esteem and for the respect and admiration of others
Love and Belonging Needs
need to belong to a family and other groups and need to love and be loved
Safety Needs
need for protection from physical harm and sense of security from knowing that needs will be met
Physiological Needs
need for food, water, sleep, and shelter

Figure 18.1

Maslow arranged groups of needs on levels from low to high. The first three levels of the hierarchy are known as deficiency needs since there is something lacking in each level, such as food, protection, and love. The fourth and fifth levels of the hierarchy are known as growth needs since each level is related to personal growth. Maslow believed the deficiency needs are the most strongly motivating. In addition, Maslow believed that an individual must meet the deficiency needs before being able to meet the growth needs.

Maslow believed that in order to be a self-actualized person one must have basic needs met. He believed that the most basic of needs must be satisfied before the next levels can be fulfilled. The needs at the physiological level are food and shelter, then physical safety, love and belonging, and self esteem.

Maslow thought that factors out of a person's control often enter into a person's ability to satisfy any one of these levels. At the top is self actualization. Maslow believed that relatively few people ever reach this top level.

MORAL DEVELOPMENT THEORIES

Jean Piaget developed the first widely-recognized theory of ***moral development***. He was not satisfied with how Freud studied deviant adult behavior in order to explain how children develop mature thought. Piaget studied children directly by working with children one on one.

Lawrence Kohlberg, a twentieth century psychologist, has extensively studied the development of moral reasoning in children. Kohlberg based his research on Piaget's cognitive theory and devised a timetable for moral growth and development. Kohlberg's moral development theory consists of three stages: preconventional moral reasoning, conventional moral reasoning, and postconventional moral reasoning. Kohlberg proposed that the higher levels of moral reasoning could not be reached if an individual had not reached the higher levels of cognitive development.

The first of three levels of moral reasoning make up the preconventional moral reasoning level. Decisions about moral dilemmas in this stage are motivated by either fear of punishment or desire for reward from authority figures—primarily parents. This type of reasoning is typical of children under eight years old. The second stage of moral reasoning, conventional, is characteristic between the ages of eight and thirteen. Groups become the primary source of authority rather than parents. The group in authority may be family, peers, or community. Children adopt the group's definitions of right and wrong without question. Individuals in the conventional moral reasoning stage want to please other people, uphold the laws of society, and act as a "good girl" or "good boy" would.

Most adults make daily decisions using conventional moral reasoning and many never graduate to stage three. Stage three is termed the postconventional moral reasoning stage. In this stage, people make moral decisions based on justice. Individuals at this level challenge and change rules if necessary instead of blindly accepting and following the rules set by others. They are concerned with protecting self-respect by examining different systems of thought and doing what they deeply believe is right.

Principles of Growth and Development

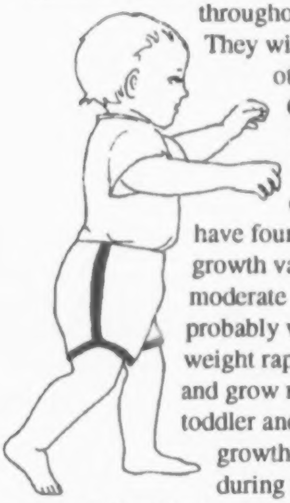
Development involves growth, maturation, learning, and behavior. A child will develop physically, mentally, socially, emotionally, and morally. Within each of these areas, a child develops according to certain general principles and patterns. A general understanding of these areas, patterns, and principles will help you know what to expect from your child as development occurs. This also will help you interpret your child's behavior and provide better guidance.

DEVELOPMENTAL SEQUENCE

Rates of growth and development differ throughout a person's life and from person to person. Through research, experts have charted the typically rapid and slow periods of growth and development. Growth and development can differ considerably among children of the same age group. Although most children follow the same developmental order or sequence, the rate when a change takes place varies from child to child. This is due to each child's different and unique environmental, motivational, and hereditary influences. Children must live in a supportive environment for their growth to occur at a healthy rate. If the environment is lacking in some way, growth and development may suffer. Children's personal desires to achieve, or their motivations, also cause differences in their rates of growth and development.

It is important to remember that the age when certain changes occur is not nearly as important as the sequence of these changes. Development follows an orderly pattern or ***sequence.*** It is just as important for you to know that walking comes after creeping as it is to know the approximate age range when walking should begin. You should only be concerned about your child's age in relation to developmental tasks when there appear to be severe delays in development.

DEVELOPMENTAL RATES



Rates of growth and development will differ throughout your child's life. They will also differ from any other person on earth. Growth and development patterns have been researched and charted by experts who have found that periods of growth vary from rapid to moderate to slow. Your baby probably will grow in height and weight rapidly during infancy, and grow moderately during the toddler and preschool years. This growth probably will slow during the elementary school years and should pick up rapidly through junior high and high school.

As stated earlier, the differences in developmental status seen among your child and children of the same age group can be attributed to several things. Influences on development include heredity, environment, and motivation. Your child has no control over hereditary factors influencing development. Your child was born with a set pattern that will govern many aspects of growth. The environment that surrounds your child will affect development. The child who grows up in a healthy environment is given many opportunities, is encouraged, and is loved by parents or caregivers. This child may meet potentials for development. If the same child grows up in an environment that is not healthy, it is likely that the child may never reach developmental potentials. Your child's development also will be affected by the personal desire to achieve or motivations.

DEVELOPMENTAL INTERRELATEDNESS

Though you have read about the areas of development separately, they can never really be separated. It is important to think in terms of how one area of development affects and is affected by the other areas of development.

Your child will grow physically, emotionally, intellectually, socially, and morally at the same time. Not only do these growth processes occur together, they are also dependent upon one another. This is because all areas of development are interrelated. If your child is learning how to talk, the child must feel emotionally and socially ready to test the process. Your child must be intellectually and physically ready as the mind tells the body what to say.

DEVELOPMENTAL CONTINUATION

Your child will continue to develop in many ways throughout the lifetime. This development will not stop at a certain age. Your child will grow and develop in small, continuous steps. For example, your child will begin to develop socially first by interacting with you, will move on to socialization with other family members, and then with other children. By the time your child enters school, the child will be able to interact socially at a successful level with several people in several different settings.

Influences on Development

There are many factors that will influence the development of your child. The family, child care, television, sex of a child, playmates, conscience, moral development, culture, and social institutions all affect a child's development. These factors may have either negative or positive influences on development. Such influences are important, and a basic knowledge of them helps parents improve their understanding of their children.

Two broad categories affect your child's development—heredity and environment. Remember that heredity has to do with the characteristics your child has inherited from past generations. Environment has to do with the people, places, and things that surround your child. The influence heredity has on the development of your child cannot change because heredity is something your child is born with. However, you as a parent can influence many aspects of environment that affect your child's development.

FAMILY

The family is the first and most important part of your child's life. Your family's opinion of education, religious beliefs, political beliefs, ways of dealing with stress, and many other family qualities will affect your child. Level of income, place of residence, and size also are family influences. These influences affect the physical, emotional, social, intellectual, and moral development of children.

Primary Caregivers

Any legal guardian of a child may be considered a ***primary caregiver***. This person is most often the child's parent. A primary caregiver is the person or persons who are chiefly responsible for the care of a child and can be close relatives, such as grandparents, foster parents, or any other person considered the legal guardian. Children's development is dependent in many ways on their relationship with the primary caregiver.

As the primary caregiver, you must meet the developmental, psychological, and emotional needs of your child. These needs also will be fulfilled by family members being sensitive to your child's needs, encouraging and supporting your child, and communicating with your child. You and your family must maintain some degree of morality and loyalty and provide for the socialization of your child. Through socialization, your child will acquire basic personal disciplines such as acceptable standards of behavior, communication and interaction skills, attitudes, goals, and personalized values.

Primary caregivers provide the best source of love, knowledge, and skills. Trust for the world, self-concept, and self-esteem all find roots in the type of care an individual receives as a young child.

Siblings

Other children in the family are called ***siblings***. Siblings also affect a child's development. A brother or sister often is a child's primary friend and playmate. Sometimes older siblings protect younger children and make them feel secure. Even normal conflicts among sisters and brothers are important learning experiences for children.

Family Influence on Development

Physical Development

Your child's physical growth and development is impacted by your family and other people. You and other family members provide your child with food, clothing, shelter, love, and affection. If a family cannot or does not care for the children properly, neglect can result. Neglect of basic physical needs can cause physical, emotional, intellectual, and social harm; mental retardation; and even death.

Social Development

Your child has been in a social setting since birth. Your family helps teach your child to relate to other people. Children learn from observing behavior. Parents can use approval or disapproval and reward or punishment to teach their children to behave in a socially acceptable (correct) manner.

In families, children learn to respect or disrespect authority. Families teach children to practice certain religions and to follow certain political ideas. Your child also can gain attitudes about work, money, and education from the family.

Attitudes and feelings about gender roles are learned mainly in the family. Your child's gender influences development. Young girls and young boys often are treated differently. Boys may be encouraged to be rough and more physical, while girls are taught to play house with their dolls. Your child could relate differently to jobs, roles, and behaviors considered "normal" for a certain sex because of family attitudes and influences.

Emotional Development

Your young child needs affection and attention. The family and other people can help meet these needs. Your child's family can offer a sense of belonging, which also is important for emotional development.

Your child's self-image, or self-concept, comes mainly from her or his family. ***Self-image*** is the way people feel about themselves and develops through childhood. A child's self-image is molded by experiences with family and others. If your child feels worthwhile and important, the child has a positive (good) self-image. Children who feel they are not important to anyone have a negative (poor) self-image.

Sometimes a family's income can affect a child's self-image. It is important to help your child understand that self-worth does not depend on the amount of money you have or the goods you can buy.

Intellectual Development

Family influences how a child's mind develops through what is taught and how the child is supported. Your family environment should provide opportunities for your child to exercise thinking skills. For example, the support you as a parent give your child regarding study habits at home affects the child's success at school. If your child is provided books and other learning activities at a young age, he or she may find it easier to learn in school. If you apply too much pressure to do well, your child may become frustrated and quit trying to succeed in school.

Moral Development

As your child becomes more intellectually mature, a conscience begins to develop. ***Conscience*** is a feeling for what is right and wrong. It is very important to guide your child's development of conscience during the preschool years (between the ages of three and five). Moral development involves learning to follow rules and making good value decisions about what is right and wrong. Moral development is controlled mainly by a child's parents.

To help your child develop a conscience and good morals, you must use guidance methods that are fair and that show your love for her or him. You can teach your child how behavior affects other people and why it is important to change bad behavior. Praise your child when self-control and good judgement are shown. Most importantly, you should serve as a good example. Learn to feel comfortable about admitting when you are wrong to show your child that everyone makes mistakes.

Family Background

People in our society come from many different backgrounds. You must help your child appreciate and understand his or her own cultural heritage and the cultures of other people. Different families have different religious beliefs. Your religious beliefs affect the values and behaviors your child learns from you.

Mobility refers to the movement of people from place to place and job to job. In our country, many families are mobile because the need for a job requires them to move. Children who move to a new place may have special problems adjusting. Meeting new friends and being in a strange place can be difficult. You can help your child adjust to a new place by giving special attention and by providing fun ways to meet new friends. A move can be a good learning experience for children.

FAMILY DIFFERENCES

Every person lives in a family of one type or another. There are many ways in which families are similar, yet no two families are exactly the same. No one family type is best. What is best for one group of people may not be best for another. The various types of families include, but are not limited to the following:

- ***Nuclear Family***—family consisting of one or both parents and their children.
- ***Extended Family***—family made up of a nuclear or single-parent family plus other relatives such as grandparents, aunts, uncles, and cousins.

- ***Single-parent Family***—family where one parent, either the mother or father, lives with the child or children.
- ***Blended Family***—a new family formed when a single parent marries a new husband or wife.
- ***Foster Family***—a family that provides full-time care for someone else's child for a designated period of time.
- **Other**—any other type of family.

Any family change requires adjustments by both parents and children. Some children handle family changes better than others. For example, when a child's parents divorce, the child may behave differently because of the confusion seen by the child. This is due in part to the disruption of the family unit to which the child is accustomed. To better understand your child, be aware of the problems and changes which are occurring in your family. Consider your family type and any adjustments your child may be experiencing.

Single-parent Families

Single parents may be divorced, widowed, unwed, or abandoned. In some families, one parent will be permanently gone from the family. In other families, both parents may still be an active part of the children's lives.

Not all children from single-parent families have special problems, but some do because of the special needs of other family members. For example, the parent may depend on a young child for emotional support and place great stress on the child. If you are a single parent, you must be careful not to place added stress on your child that makes the child feel responsible for your happiness.

Blended Families

When two separate families move into the same house, problems may result unless special care is taken. Different ways, values, and attitudes of the two families may cause conflict. If you are experiencing a blended family situation, you and your spouse must provide much love, patience, and understanding. Your small child may have problems adjusting to the change. You can help the child sort out feelings and suggest ways to cope with the changes.

Divorce

Separation and divorce of parents greatly impact the whole family. Children sometimes have a fear of being left by their parents. Divorce can add to this fear. If you are getting divorced, you need to remind your child that the move of the other parent does not mean that the other parent is abandoning the child.

Children also may feel responsible for their parents' divorce. If they hear their parents fighting, children may feel strongly that they are the cause of the divorce. If parents become hostile to each other during a divorce, children may feel they must choose sides. This feeling may cause them to have extra trouble adjusting to a divorce, since they love both their parents. Be sensitive to the needs of your child in this situation, and communicate clearly that problems between parents are not the fault of the child. Let the child know it is still all right to show love to both parents.

Divorce often follows months or years of parents disagreeing and arguing. The effects of constant fighting may be worse on a child than the effects of a divorce.

During very difficult family changes such as divorce, your child may have ***developmental regressions*** where the child seems to lose progress on development already made. For example, children who are toilet trained may begin to wet their pants during a stressful family situation. Such behavior is not a selfish way to get attention. It probably is a sign that the child is under great stress and needs help to cope with the stress.

Family Violence

Family violence occurs in some families when a family member has been drinking alcohol, taking drugs, or has experienced a great deal of stress. Some parents may abuse their children or each other. The abuse may be physical, sexual, or verbal. Many children from violent homes are helped by having one secure, safe, and predictable adult in their lives. This adult may be a relative, teacher, or another caregiver. It is important for abused children to feel wanted and worthwhile. For more information about child abuse, see Chapter 21.

Illness or Death in the Family

Young children do not have a clear understanding of illness or death. Talk honestly when your child needs help understanding such situations. When a family member is ill, sometimes only a little preparation is needed. You can show your child pictures of what a hospital is like, or simply describe it to help the child better understand what to expect.

When talking to your child about death, be clear and honest. Telling your child that a family member is "asleep" may be a mistake. As a result, the child might develop a fear of going to sleep or worry about the family member waking up. Allow your child to experience grief for as long as she or he feels it. It is important to be patient when dealing with a child who has experienced the death of a family member or friend.

SECONDARY CAREGIVERS

There is no doubt that you are one of the most important people in your child's life. While there are many factors that will influence development, none will affect your child more than the time you spend together and the ways you interact. You are the best source of love and learning for your child. While many child development specialists advocate that a parent provide most of the care for a child during the first three to five years of life, many primary caregivers find for financial and other reasons this is an impossibility. You may find it is necessary to place your child in the care of a secondary caregiver. A ***secondary caregiver*** is a person who has been asked by primary caregivers to be temporarily responsible for their child's care. Finding the right care for your child can be difficult. There are many options for this care from child care centers, to preschools, to in-home care.

When choosing substitute care for your child, it is important to select someone who enjoys children, provides quality care, and will spend time playing and interacting with your child. If you choose to place your child in a group facility, the staff should be large enough to allow for individualized attention, and the atmosphere should be warm and loving. You have a right and a responsibility to make sure that the child care situation in which you place your child meets the developmental needs of your child while he or she is there.

You must be involved and know what is happening while your child is with a secondary caregiver, and you must let the caregiver know your concerns and expectations for quality care. No matter what type of care you choose, you need to choose care that provides a healthy environment for children. Factors to consider include the hours care is available, the cost of the program, and the location of the center or individual. A quality child care program can be a great benefit for your child by enhancing development and easing adjustments. Many children spend a large part of their time in group child care settings. Child care can have an important influence on the development of children.

OTHER INFLUENCES ON DEVELOPMENT

Many other things affect the development of your child. These factors are very important to the life of your child.

Playmates

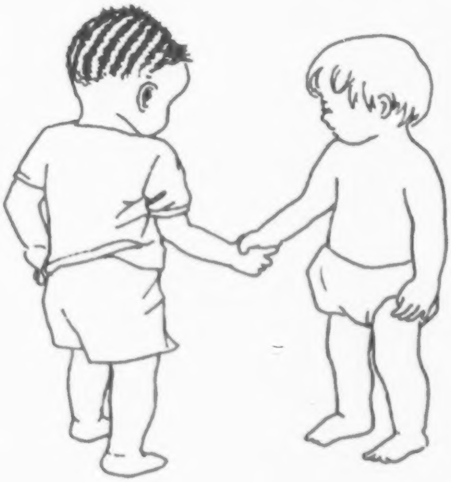
When children develop a "group feeling," they are becoming independent of adult rules. The influence of your child's playmates can be powerful enough to make the child support or go against your attitudes.

Group influence often is called ***peer pressure***. Peer pressure may be good, resulting in positive behavior, or bad, resulting in negative behavior. Peer pressure is more powerful if the group is small or close. It also is greater when a group is together.

Relationships with other children are important for younger children because they can learn to get along with other people. They also can learn how to be members of a group and how to cooperate.

Culture and Social Institutions

People live in societies and share cultures. A ***society*** is a group of people who live in a certain place or general area and share a common heritage. This heritage, or culture, is a way of life that can be shared with other members of society. ***Culture*** is passed from one generation to the next and can include food, traditions, skills, clothing, and family structure.



Social institutions in a society include schools, neighborhoods, religious organizations, friends, communities, the government, and other groups. These groups or systems affect the beliefs, attitudes, customs, and behavior of children. The process which allows children to learn about their culture and be members of society is called ***socialization***. The family is the main social institution for children.

Television

It is a great temptation for many parents to look at television as a "baby-sitter." Many children will sit down and watch a program quietly, while keeping out of trouble and out of their parents' way. However, this is a dangerous practice, especially if the parent is only partially aware of what the child is viewing. Television is much more than a baby-sitter. It affects the physical, social, intellectual, emotional, and moral development of children.

Television can educate children in positive or negative ways. It is important to encourage programming for positive behavior. Television programs which show beatings, murder, and other violence may teach children that these kinds of actions are acceptable. Do not allow your child to view these types of programs. Children often repeat actions seen on television in their play. They also may view people seen on television as models or heroes and pick up their habits.

Television commercials can teach children about different products and places. They may make children want things they would not have wanted before. Such attitudes can affect the family and may actually become a part of your child's value system.

As a parent you have great influence on how television can affect your child. You can turn off the television, limit the time your child spends watching television, or limit the type of programs your child watches. You also can help your child sort out the information received from television by viewing programs with your child and discussing what is seen. By watching television with your child and commenting on what is seen, you can provide a significant socializing experience.

Points to Remember

- Cognitive theories emphasize the development of thought over other developmental aspects.
- Biological or genetic-influence theories of development propose that people are born with a genetic plan. In other words, these theories attempt to show that patterns of development and human behavior are programmed before birth by genetic makeup or heredity.
- Erikson believed that psychosocial development continues across the life span. Psychosocial development deals with a person's psychological development in relation to social environment.
- Behaviorism is a traditional learning theory that credits the environment as the primary source of developmental factors. Is asserts that behavior is caused by external reinforcement such as reward and punishment, rather than internal, unconscious motivation.
- Humanistic theory represents a rebellion against the more negative, pessimistic view of human nature that dominated psychoanalytic theory in the early 1900s. Humanists present an optimistic vision of human potential.
- Kohlberg's moral development theory consists of three stages: preconventional moral reasoning, conventional moral reasoning, and postconventional moral reasoning.
- Although most children follow the same developmental order or sequence, the rate when a change takes place varies from child to child. It is important to remember that the age when certain changes occur is not nearly as important as the sequence of these changes.
- There are many factors that will influence the development of your child. These factors may have either negative or positive influences on development. Such influences are important, and a basic knowledge of them helps parents improve their understanding of their children.
- The family is the first and most important part of your child's life. Your family's opinion of education, religious beliefs, political beliefs, ways of dealing with stress, and many other family qualities will affect your child.
- As the primary caregiver, you must meet the developmental, psychological, and emotional needs of your child. These needs also will be fulfilled by family members being sensitive to your child's needs, encouraging and supporting your child, and communicating with your child.
- Any family change requires adjustments by both parents and children. Some children handle family changes better than others. To better understand your child, be aware of the problems and changes which are occurring in your family.
- When choosing substitute care for your child, it is important to select someone who enjoys children, provides quality care, and will spend time playing and interacting with your child. You have a right and a responsibility to make sure that the child care situation in which you place your child meets the developmental needs of your child while he or she is there.

Vocabulary

accommodation
assimilates
behaviorism
biological theorists
blended family
classical conditioning
cognitive theories
conscience
conservation
culture
deductively
developmental regressions
deviant behavior
equilibration
Erik Erikson
extended family
extinct
foster family
Sigmund Freud
genetic-influence theorists
Arnold Gesell
humanistic psychology
hypothesis testing
Lawrence Kohlberg
Maslow's Hierarchy of Needs
maturational readiness
mobility
moral development
negative reinforcement
norms
nuclear family
operant conditioning
Ivan Pavlov
peer pressure
Jean Piaget
positive reinforcement
primary caregiver
psychosocial development
punishment
representative thought
researcher
schemes
scholars
secondary caregiver
self-image
sequence
siblings
single-parent family
B. F. Skinner
social institutions
socialization
society
spontaneous recovery
theorist
theory

Review

1. Using your child or a child you know as an example, list characteristics in each of Piaget's stages the child displays or has displayed.
2. Choose three of Erikson's stages, and explain how each affects a child's development.
3. Define the three types of operant conditioning that are listed in the chapter. Give examples of each.
4. In what ways do humanistic theorists differ from psychoanalytic theorists? behavioral theorists?
5. Design a hierarchy of needs according to Maslow's Hierarchy of Needs. List examples of your own needs on the chart.
6. What contributions did Jean Piaget and Lawrence Kohlberg make to moral development theories?
7. Give examples of how heredity, environment, and motivation can affect the developmental rate of a child.
8. Discuss three ways a child's family can influence the child's development.
9. Sketch drawings of three types of families listed in the chapter. Below each sketch, explain how the family type could affect development.
10. Why must you be careful when selecting a secondary caregiver for your child?
11. Compare and contrast other influences on development to family influences on development.

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Play and Child Development

Essential Element

(6) Concepts and skills related to the development of children from birth to three years of age.

  ➪ Relate the significance of play to a child's development.(6F)

Play is a fun activity that children choose by themselves. Your child benefits from play. To children, play is as important as eating and sleeping because it is through this activity that much of a child's development takes place. During early childhood, children play in order to learn about themselves, other people, and the world. Playing with different objects helps your child learn how things work. Your child will begin to learn how one event causes another event to happen and will begin to experience and think about the laws of nature through play.

Play and Development

Your child will spend a lot of time playing in one way or another. Play is important for physical, intellectual, social, and emotional development. Therefore, it is important that your child be given many opportunities to grow and to develop through play.

PHYSICAL DEVELOPMENT

Your child may use physical play to work out feelings of aggression and frustration. Physical play influences development of motor skills. Activities such as crawling, standing, running, jumping, and climbing will help the large muscles of the legs and arms develop. These activities also are great tension-relievers and will improve strength and balance. Your child will enjoy drawing pictures and playing with small objects. This play activity helps develop control of small muscles.

Maturation and motor development are two major concepts related to physical development and play. ***Maturation*** refers to the physical development of certain parts of the body. For example, maturation of certain leg muscles is necessary before a child is able to walk. Physical development occurs from the head downward and from the center of the body outward. Children gain muscle control of the large muscles first and then gain control of small or fine muscles.

Motor Development is the successful control of different muscles or parts of the body. The ways your child plays will affect the development of the gross (large) muscles and the small (fine) muscles.

At first, your child will participate in play activities such as crawling, standing, walking, running, climbing, pushing, pulling, and playing with large toys and objects. This type of play enhances large-motor development. After some time, your child will gain control of fine muscles and will be able to play by handling objects with the fingers and wrists, putting pieces of a puzzle together, and hammering toy nails into plastic "boards."

> **It should be noted that children's games are not merely games; one should regard them as their most serious activities.**
>
> **— Michel DeMontaigne**

Chapters 16 and 17 include charts that list the average motor development of children birth to three years. Based on those averages, activities should be planned to promote your child's physical development. Young children need time for vigorous, energetic, physical play. In any case, remember that the tables list only averages for motor development; therefore, you do not need to be overly concerned if your child is a little off schedule.

INTELLECTUAL DEVELOPMENT

At the same time your child is developing physically through play, play also is promoting intellectual development. Play provides your child a setting to learn about and be involved with the environment. Play also provides opportunities for your child to learn through actions and teaches the ability to work things out logically. Your child's creativity, imagination, language, and ability to learn through the senses will be developed through play.

Experts agree that intelligence involves the different capacities or abilities each person has. Your child was born with certain abilities including the ability to learn. Learning is the result of experiences your child has after birth and influences the development of intelligence or mental abilities. It is important to understand that sensory learning is accomplished first.

Children need activities that stimulate their senses. Most children naturally explore their environments by using their senses of sight and touch and hearing. When a child uses the sense of sight, he or she learns to identify and compare different shapes, colors, and sizes. Through the sense of touch, the child learns differences in temperature and textures. Hearing allows a child to imitate words and sounds for communication with others.

Your child needs unstructured, free play time to explore the physical and social world. To your young child, exploration *is* play, and play *is* exploration. This type of exploration is important for healthy physical, emotional, and social development. You can prepare a safe environment which allows your child many choices.

EMOTIONAL DEVELOPMENT

Your child also will develop emotionally through play by acting out feelings in safe ways and by learning to control feelings around other children.

Your child may communicate through puppets, art, and dolls when she or he does not have the words for certain emotions. Even when your child does have the words for such emotions, the child may feel safer expressing these feelings through play.

Play often is an acceptable means of helping your child openly express emotions. As a parent, you must allow your child to express himself or herself through play. Keep in mind that your child may not be able to control the emotional outbursts that are a normal part of every child's development.

SOCIAL DEVELOPMENT

Social development also is influenced by play. Although a child's play may not be sophisticated, play can help develop a child's self-concept.

As children play, they begin to learn to conform to group rules, contribute to a group, and cooperate with other members of a group. Through play, children begin to form social relationships. Some child development experts believe that the following three sequences of play occur in a child's development:
- solitary play
- parallel play
- cooperative play

Solitary play is the first stage of play. A child generally plays alone with toys until about eighteen months of age. The child makes no effort to play with others.

At about the age of eighteen months, your child may begin to play beside, but not with, other children. Some children may just sit and watch other children play, and others may take no interest in other children. This stage of play is known as ***parallel play***.

Around age three, your child may engage in cooperative play. ***Cooperative play*** occurs when children begin to participate in games or activities together. For the first time, your child may take a real interest in other children and even may begin to share toys with the other children.

These three stages of play can occur but may or may not be the norm for your child. Your child may begin to join in cooperative play much earlier. On the other hand, some three-year-old children may prefer solitary play. The stages of play are merely guidelines that have been established.

Dramatic Play

In ***dramatic play***, your child can experiment with ideas about social relationships. The first pretend play occurs during the infant stage when children begin to act "as if" they are doing daily activities. They may pretend to sleep, eat, or bathe. They then apply these actions to other situations and later copy others' behaviors.

As children take on the roles of others by pretending to be someone else, they come to understand the world through another person's eyes. While your child pretends with other children, each child may assume a different role such as mother, teacher, or firefighter. In this way, your child can learn about society and how to interact appropriately with other children. In this form of free play your child will be able to try out a variety of social roles, building self-esteem.

Choosing Tools for Play

TOYS

Toys are an essential part of a child's play. Playing with toys offers children opportunities to develop fine motor skills and teaches children the value of sharing and cooperating with one another.

Some toys, such as puzzles and books, help your child develop intellectually. This intellectual accomplishment may contribute to your child's self-concept and self-esteem.

When selecting toys for your child, you will want to consider the following criteria:
- durability
- safety
- developmental appropriateness
- cost effectiveness

Durability

Children can put a great deal of wear and tear on a toy. It is important that the toy be strong and durable. Children may use the toy for several years, and it may be used by other children. It can be very frustrating to both the

parent and child when a new toy breaks the first week it is used. As a parent, you will want to consider purchasing toys that are nonbreakable for your infant and toddler.

Safety

Safety should be a primary concern when selecting toys for your child. It is important to consider several safety features. Make certain that the toy

- is larger than the child's two fists (so the entire object does not fit in the mouth),
- will not break easily,
- does not have small or loose parts,
- has no sharp edges or points,
- is nontoxic,
- has no long cords or strings,
- is nonflammable or flame-resistant, and
- is made of washable and hygienic materials.

Remember that even safe toys if misused can become dangerous. Teaching safety and supervising your child's play are behaviors you should practice from the very beginning. For more information on safety and safety practices, refer to Chapter 14.

The ***Juvenile Products Manufacturers Association (JPMA)*** is a group that performs tests on toys for children. Companies seeking approval by JPMA voluntarily submit their products for testing. If the products pass the tests, a special seal stating certification by JPMA is placed on the product. The testing is voluntary, and many products are available without safety testing. To ensure the highest level of safety, look for the JPMA Certification Seal when buying toys for your child.

Developmental Appropriateness

Children need toys that are appropriate for their age, body size, skills, abilities, and interests. As these factors increase, toys can be more complex.

Toys are the tools a child uses to learn. They do not have to be the most expensive or most highly advertised. Often, product labels on toys suggest the age for which a toy is appropriate and may even offer suggestions for safe use.

If a toy is not developmentally appropriate, your child may become discouraged and refuse to play with it. If this occurs, it is better to reintroduce the toy again later, when you think the child is ready.

Cost Effectiveness

As a parent, you need to consider the cost of a toy as well as its entertainment and educational value. Some toys are both educational and entertaining but expensive to use. You can compare the cost of toys by looking at their durability and how often they are used. You certainly do not want the toy to fall apart the first time your child plays with it. However, if it is used repeatedly and falls apart within a year or two, you can consider the toy cost effective.

Your child may be just as content playing with common household items. Many children prefer to playing with a metal bowl and spoon, with plastic lids, or in a cardboard box. Remember, that this kind of "toy" has a purpose, and children can learn by playing with different objects. They offer children opportunities to grow physically, socially, intellectually, and emotionally. Always consider standard safety precautions before offering your child an object for play.

Obtaining toys does not have to cost a lot of money. Some toys are passed down within a family. Another alternative to buying toys is making toys for your child. A homemade doll or set of building blocks may mean more to your child because you took the time to make it.

BOOKS AND STORIES

Books are terrific learning tools. Reading to a child encourages close relationships, builds language and listening skills, and helps the child to become aware of the environment. It has been said that children who learn early in childhood that books are enjoyable are more likely to remain readers throughout life.

Children love to be read to. They especially like it when you vary the pitch of your voice and use facial expressions and body movements to act out the characters in a book. Try to get your child to join in whenever possible. Encourage your child to cheer for favorite characters or repeat simple rhymes as you read.

The following are some guidelines you can use when selecting and reading books and stories for your child:

- Choose books and stories that are appropriate for the child's age. One-year-old children need short, simple books with large, bright pictures. Two-year olds like simple stories about things to which they can relate. Three-year olds enjoy longer stories with more of a plot. They like realistic stories about children, but also books that help them use their imagination. Three-year olds enjoy books that help them learn about how things work and why things happen. Most children have favorite books they love to have read to them again and again.
- Let your child look at the pictures in the book you are reading for as long as she or he would like.
- Ask questions about the pictures or the story in order to involve the child. Relate the action and pictures in the book to your child's life.
- Let your child turn the page. This encourages good eye-hand coordination and helps children feel they are participating.

Books are good investments and can be purchased reasonably at a variety of places from bookstores and supermarkets to garage sales. Many libraries have a wonderful selection of books as well as story time events, which can be unique sharing experiences for you and your child.

Significance of Play

INFANTS

Infants play by exploring through their senses. You can help your child do this by spending time and playing games together and by providing safe, interesting objects which teach and give joy.

The following are suggestions for playing with infants:

- Stimulate their senses by holding and cuddling with them and by singing and playing music for them.
- Talk and read to them so they become familiar with words.
- Surround infants with sensory toys and objects such as things to touch that have different textures and shapes; rattles and squeak toys they can hear; brightly colored objects and mobiles they can look at and watch; and teething rings they can put in their mouth.
- When they are able to sit up, prop infants in a comfortable, safe place, so they can enjoy different sights and sounds.
- Play games with infants like peek-a-boo, making funny faces, and hide-and-go-seek.
- Occasionally provide new toys so they can make new discoveries.

TODDLERS

Toddlers are busy developing their large-motor skills and need space to walk and run. At this age, children love large dolls and stuffed animals, wooden or soft plastic vehicles, books, play telephones, and housekeeping toys such as shopping baskets and brooms.

The following are basic hints for playing with toddlers:

- Set aside time for active play so toddlers can exercise their muscles and use up their store of energy.
- Be prepared to change games or activities when toddlers become restless or bored.
- Help toddlers develop language skills by talking and reading to them. Using simple terms, describe what you are doing or what you might see on a drive or walk.
- Toddlers have not learned to share or take turns, so do not be disturbed if they try to take toys away from other children or try to hit other children. Be patient and correct their behavior in a gentle way.

Points to Remember

- Play is a fun activity that children choose by themselves. To children, play is as important as eating and sleeping because it is through this activity that much of a child's development takes place.
- Your child may use physical play to work out feelings of aggression and frustration. Physical play influences development of small- and large-motor skills.
- Play provides your child a setting to learn about and be involved with the environment. Play also provides opportunities for your child to learn through actions and senses and teaches the ability to work things out logically.
- Your child may speak through puppets, art, and dolls when he or she does not have the words for certain emotions. Even when your child does have the words for such emotions, the child may feel safer expressing these feelings through play.
- As children play, they begin to learn to conform to group rules, contribute to a group, and cooperate with other members of a group. Through play, children begin to form social relationships.
- In dramatic play, your child can experiment with ideas about social relationships. As children take on the roles of others by pretending to be someone else, they come to understand the world through another person's eyes.
- Remember that even safe toys if misused can become dangerous. Teaching safety and supervising your child's play are behaviors you should practice from the very beginning.
- Toys are the tools a child uses to learn. They do not have to be the most expensive or most highly advertised.
- Children love to be read to. They especially like it when you vary the pitch of your voice and use facial expressions and body movements to act out the characters in a book. Try to get your child to join in whenever possible.
- Infants play by exploring through their senses. Stimulate their senses by holding and cuddling with them and by singing and playing music for them.
- Toddlers are busy developing their gross-motor skills and need space to walk and run. At this age, children love large dolls and stuffed animals, wooden or soft plastic vehicles, books, play telephones, and housekeeping toys such as shopping baskets and brooms.

Vocabulary

cooperative play
dramatic play
Juvenile Products Manufacturers Association (JPMA)
maturation
motor development
parallel play
solitary play

Review

1. What are five play activities that promote physical development?
2. How are maturation and motor development related to the physical development that occurs through play?
3. Choose one play activity that promotes a child's intellectual development. Explain how the activity influences intellectual development.
4. In what ways does play affect social and emotional development in children?
5. In your own words, explain why play is important to the development of your child.
6. What are the three types of play listed in the chapter? Give brief definitions of each.
7. What criteria must you consider when selecting toys for your child? Why?
8. List three guidelines you can use when selecting and reading books for your child.
9. Compare and contrast an infant's with a toddler's play.

20

Parents as Role Models

Essential Elements

(6) Concepts and skills related to the development of children to three years of age.

- Determine the effect of parenting/caregiving on a child's self-esteem.(6E)
- Explain how parents are the first teachers and role models for children.(6G)

Successful parenting involves understanding and practicing appropriate guidance and caregiving, as well as being a good role model. One way to ensure successful parenting is to interact with your child; this interaction aids in the child's development. Not only will your child grow intellectually by imitating your behavior, but your child also will grow emotionally and socially by gaining a healthier self-esteem and self-image.

Parent's Effect on Self-esteem

Self-concept, also known as self-image, involves the way people see themselves, including their identity, attitudes, abilities, and values. A person's self-concept has a direct impact on self-esteem. ***Self-esteem*** is pride and belief in oneself. It is difficult for a person to have much self-esteem if the person does not have a positive self-concept.

Parents and caregivers have a tremendous impact on the development of self-esteem in infants and young children. In Chapter 18, various theories of child development were discussed. Erikson and other theorists emphasized the importance of the parent's influence on the child's self-concept. Establishing a positive self-concept early in life is essential.

From the first moment of life, children begin to receive messages about how they are valued. Even very young babies can sense if the person holding them is comforting and loving or cold and stiff. Long before "self-concept" begins in the immature mind, babies have a whole history of experiences which tell them through their senses whether they are loved, wanted, and cherished.

Your child's experiences and interactions in the first three years shape the child's developing personality. During that time, your child learns to control body movements and other objects. Children also learn to communicate and to do things for themselves and others. Most importantly, they learn about themselves: what they can do, how they feel, and how to relate to others. Learning to engage in meaningful relationships is one of the most important tasks of these early years.

Before children are three years old, they learn the meaning of significant people in their lives. During the first year of life, they establish a secure base with their primary caregivers. In the second and third years, they set out to make a mark on the world. At that point, their relationship with caregivers changes. No longer totally dependent upon adults, three-year olds begin to test what they can do on their own, explore their immediate world, and gain autonomy and independence from adults.

MOVING TOWARD INDEPENDENCE

Children will make the move to independence only if they can develop a solid sense of self and feel competent with their own abilities. By the age of three, children should have formed a self-concept, knowing who they are and feeling good about what they can do.

As children become older, they become more independent. A child's peer groups become increasingly important, but parents still play an important part in their child's continuing development. When children get older, they test their abilities more and more, using their knowledge and skills to accomplish tasks. As a parent, you need to encourage independence and give praise for a job well-done.

When your child fails, you should continue to give positive feedback and encourage your child to try again. By allowing your child to make choices and decisions, you encourage a positive self-concept.

Children who are discouraged and criticized by parents and others when they fail will begin to believe they cannot complete a task and may stop trying. Unfavorable feedback has a negative impact on self-concept. A child with a low level of self-esteem may have trouble thinking and behaving independently. Children with low self-esteem are often unfairly treated by their parents. Children who are rejected, discouraged, and frequently punished may develop negative pictures of themselves.

You must remember that your actions, no matter how insignificant they seem, can have a great impact on your child's self-concept and self-esteem. Positive feedback and encouragement are the best ways to help your child develop a positive, healthy self-concept.

CHILD GUIDANCE METHODS

Your guidance will affect your child's self-concept and self-esteem in many ways. Much of your child's self-opinion depends on how you treat your child. Parents with children who have low self-esteem tend to alternate between harsh and permissive treatment. This means that they are not consistent in their disciplinary practices. If you are consistent in the way you discipline your child, your child will know his or her limits. Knowing what type of behavior is expected will give your child a sense of security.

Guidance includes all of an adult's actions and words that are used to influence a child's behavior. Parents and other caregivers provide guidance for children in many different ways. You may have your own beliefs about what type of guidance is best. You may base these beliefs on the type of guidance that was used to guide you when you were a child. Some adults may think that the guidance they received was good and will use the same type of guidance methods. Others will use guidance that is very different from their childhood experiences.

It is important for you to learn about guidance methods so that you can make wise choices about the best types of guidance for your child. Different types of guidance can have different effects on children. To be a successful parent, you need to understand how guidance methods work.

Indirect Guidance

When a parent guides a child without using direct communication, the parent is using ***indirect guidance***. Some forms of indirect guidance include the following:

- arranging space
- setting examples
- making plans
- setting time schedules

Arranging Space

When space is arranged in a certain way or adjusted to ensure your child's safety, it can influence behavior. Because children are naturally curious, they explore their surroundings and move without restricting themselves. Arranging space is a form of indirect guidance necessary to protect your child's well-being.

In addition to keeping harmful materials out-of-reach, space arrangement includes arranging indoor and outdoor space in ways that pose the least threat to your child. This includes arranging furniture in the best way possible so that your child does not constantly bump into it, trip over it, or tip it over. Properly store toys that require adult supervision and other possessions so that you and other adults do not have to interrupt your child's play and activity with reminders not to touch or to bother certain items. You can promote independence and confidence with proper space arrangement because your child will be able to do more on her or his own. It is important to remember that children, especially very young children, need supervision.

Setting Examples

Since you are the person with whom your child spends the most time, it is obvious that your child will learn the most from you. One way children develop intellectually is by imitating the language and actions of those who are around them most often.

As a result, children base their behaviors on ways they see their parents behave. You should be the type of person that you want your child to become. It is also important to behave in a consistent manner to avoid confusing your child. If you sometimes behave in one manner and other times behave in different ways, you may send your child mixed signals about the way you expect the child to behave.

Making Plans

Children are less likely to become bored when adults plan and prepare interesting activities for them. Boredom also can be diminished by rotating toys and other play things. Several toys can be put away for a period of time and then reintroduced to your child. This way, your child will not become bored by having the same items to play with all of the time. When the toys are reintroduced, other toys can be put away. When you provide your child with a variety of interesting things to do, the child remains occupied and productive. If you allow your child to become bored with the same activities and toys, he or she may be tempted to do things that are not allowed. When you plan a daily schedule, you are showing your child how to be organized and prepared.

Setting Time Schedules

Another form of indirect guidance can be achieved by setting time schedules. If you set time schedules, you can teach your child to be productive and use time wisely. One example of setting time schedules is developing a household routine for chores. Determining a routine for chores makes decision making easier for you and your child because you both know what needs to be done. A routine also allows chores to be completed more quickly. You need to remember, however, to select chores that are appropriate for your child's level of development. For example, two-year olds can understand the task of helping to pick up their toys. Setting time schedules also can help children understand when it is time to eat and when it is time for bed. You must be firm when establishing your child's bedtime. A child who does not get enough sleep may be difficult to manage, tired, and irritable.

Setting time schedules can make daily activities run more smoothly. For example, having your child with you may cause simple errands to take extra time. Planning ahead and knowing that the activity may take extra time will help relieve frustration and exhaustion. Setting time schedules enables both parent and child to feel happy and satisfied.

Direct Guidance

Direct guidance is used to influence behavior through direct interaction with your child. Different types of direct guidance can be used based on your child's age and what works best. The three types of direct guidance include the following:

- physical guidance
- verbal guidance
- affective guidance

Physical Guidance

Demonstrating how to do something or helping or leading your child in an activity is known as ***physical guidance***. This type of guidance is especially helpful if your child is young and does not have a great deal of verbal ability. Physical guidance reinforces verbal guidance. Many people learn and remember better when they have something to watch instead of just listening to words.

Verbal Guidance

Verbal guidance includes using spoken language to communicate guidance to your child. This type of guidance becomes more effective as your child grows older and develops verbal ability. However, verbal guidance must be used in a tone that tells your child that you are serious and certain about what she or he needs to do. Some suggestions for effective verbal guidance include the following:

- Give only one or two directions at a time. Your child may not be able to remember more than this. If too many directions are given at once, your child may become confused about what is supposed to be done.
- Make positive statements. Tell your child what to do instead of what not to do. When your child is told what to do, there is usually no question about what is desired. The child who is told what "not to do" may not know what is expected.
- When using verbal guidance, be sure you have captured your child's attention. It is important to establish eye-contact with children by bending or kneeling to their level.
- When telling your child what to do, say the action part of the sentence first. For example, you might say, "Drink your milk," instead of, "You need to drink your milk." By putting the action at the beginning of the request, the child can focus on the action that is expected. When the action is surrounded by other words, your child can become confused about what action is desired.
- Give directions at the place and time you want directions followed. If directions are given too early, your child may not remember them.
- Clearly state limits so your child knows where and when to stop. Many limits are needed where your child's actions are concerned, and they must be stated clearly and enforced consistently. An example of a limit would be allowing your child to play only in the backyard. If your child understands that he or she is not allowed to leave the yard, the child will be more likely to stay there.

> **There is no friendship, no love, like that of the parent for the child.**
>
> **– Henry Ward Beecher**

- Instead of simply making a request or giving a direction, give reasons why the request or direction was given. This helps children understand why they are doing something. Understanding the reason for doing something can help your child figure out other situations independently.

- To help your child become more independent, you should not give too many directions or become bossy. When parents constantly tell their children what to do, the children do not practice thinking for themselves and may have trouble deciding what should be done next. A child is often more capable of figuring out what to do than parents realize.

Affective Guidance

You may find it easy to express to your child how a certain behavior makes you feel. ***Affective guidance*** occurs when you express your opinion and let your child know you understand her or his feelings.

One of the main goals of affective guidance is to help children feel good about themselves and their accomplishments. This can be done by expressing your love and by praising your child's efforts. Appropriate praise helps children develop a positive self-concept and can help guide their behavior to achieve more accomplishments. If children are not praised and reassured, they might not care about accomplishing new tasks since no one else seems to care. Lack of positive affective guidance can lead to negative behavior. Positive feedback encourages children to repeat favorable behavior.

Discipline

Discipline is a form of guidance that teaches your child to have self-control. Discipline, like other forms of guidance, is appropriate in different forms depending on the child's age. A parent can discipline a child in many ways.

Discipline can be physical or psychological. Punishment such as spanking is one of the most controversial forms of physical discipline. Psychological discipline includes actions that are not physical, such as removing your child's privileges or discussing certain actions. Discipline that is directly related to your child's actions can be very effective. After a forbidden behavior is performed, you can have your child correct it. For example, if your child takes candy from a store, having the child personally return the candy will likely have an impact.

Enforcing Discipline

It is best for parents to use discipline immediately after an undesirable behavior occurs. When a parent waits for the other parent to arrive or when discipline is postponed until later, the child may forget the reason for the discipline. Also, if the child thinks that discipline will occur later, the child may be anxious and fearful while waiting for the time to arrive. Discipline should also be consistent so your child can expect the same discipline each time a certain behavior occurs. If a child breaks a limit one day with no reaction from a parent but receives negative feedback another time the limit is broken, the child will become confused about what type of behavior is allowed. For this reason, you need to be consistent about a rule or limit.

Setting Limits

Setting limits is one way of using discipline to help your child develop self-control. Society places many limits on people, and children must learn at an early age to take limits seriously. Limits placed on children usually are set by parents or other caregivers. Setting limits is very important because it can help a child understand what is acceptable and what is not. Limits help children prepare for the outside world. In addition to setting limits for conformity and proper behavior, limits also need to be set to protect children. Many limits, such as not allowing your child to cross the street alone, are made for safety reasons.

Whatever the reasons for limits, parents need to follow certain guidelines when communicating limits to children. When you state what the limits are, you should state them clearly and consistently. In addition to stating limits, be sure that your child knows what behavior is expected. This avoids confusion about what can and cannot be done. Once a limit is set and clearly understood, do not allow your child to break the limit without some type of feedback.

If your child questions the reasons for a limit, explain why the limit is necessary. This helps children understand and remember limits better than if they are simply told a limit with no explanation of why the limit is necessary.

Parents must understand that any form of discipline will work only when a child is developmentally ready for such discipline. For example, setting limits for a four-month-old will not succeed since the infant has not developed enough intellectually to understand the concept. If a discipline technique is not working, it may be because your child is not ready to understand; you may want to try that particular technique again when the child is older.

The guidance techniques parents and others use usually can be classified into one of the three main styles of parenting. Refer to Chapter 3, Parenthood and Adult Roles, for more information about parenting styles.

Parents as Role Models and Teachers

You play a very important part in your young child's life. You have more of an impact on the way your child views himself or herself and how your child behaves than any other person on earth. This is why it is vital to consider everything you do with and around your child.

PARENTS AS ROLE MODELS

Children learn both positive and negative behavior by watching others. Children must see positive behaviors before they can learn to behave in a desirable way. They often imitate people they admire. A ***role model*** is someone after whom another person patterns behavior. Role models can include relatives, friends, or celebrities such as athletes and movie stars.

You are the first role model for your child. Your child will imitate your actions whether you like it or not. Your child will look to you as a guide for appropriate behavior. That is why it is so important for you to behave the way you would want your child to behave.

You can learn a lot about yourself by watching your child. Very early, you may notice your child holding a fork like you do, standing the same way, walking the same way, or talking in the same manner. As a parent, you should evaluate your own behaviors and work to change those you do not want your child to copy.

Being honest with your child, directly and indirectly, is very important. Children can sense whether or not their parents are sincere. You must say what you mean and mean what you say.

When adults who have close relationships with children serve as role models, they can have a great impact on the children's development. You not only influence your child's behavior, but you also have a great impact on your child's attitudes about ambition, morality, and conscience. Children imitate others to feel accepted or close to a group. Therefore, they may imitate their parents because that is who they want to be like.

PARENTS AS TEACHERS

Not only will you be a role model for your child, but you also will be the first teacher your child has. Because you are your child's first teacher, you will have the greatest influence on positive behavior and development for your child.

Your child will begin to learn by exploring the environment. You can help in this process if you allow your child to explore while providing a safe place to discover. If you give your child the freedom needed to learn, you will be nurturing development. You also can encourage development by providing your child with a positive example of how to behave, by encouraging instead of discouraging, and by providing your child with enriching experiences.

Providing your child with enriching experiences does not have to cost money. Offering the opportunity to discover everyday objects and experiences can provide enrichment. For example, a bus ride could become a time of discovery as you point out different colors of cars, sizes of houses, or count the animals along the way. Taking a walk together or sitting on a pallet in the backyard can afford enrichment experiences for both you and your child. Take advantage of these priceless moments. Your child will grow up very quickly.

Because you have such a great impact on the development of your child, you must consider what you say and do when your child attempts a new task. It is wise to encourage your child to attempt new tasks, even if your child may fail. Learning how to fail and how to succeed are both important life concepts. Offer praise when your child succeeds, and be patient and comforting when your child fails. Children who are not encouraged, even in failure, are less likely to attempt new tasks.

The most important factors to remember while teaching your child to be socially, morally, and emotionally mature are to love and enjoy your child. Children need to know that they are wanted. Providing a secure base for your child allows the child to feel confident when attempting new tasks, which ultimately will lead to growth in all areas of development.

Setting Goals

As a parent, you probably have set goals that you would like your child to achieve. A goal is similar to a plan that includes broad behaviors you hope to teach your child. For example, teaching your child to be an honest person is an important goal. Because you want your child to be an honest person, you will have to teach your child to tell the truth, to keep her or his word, and to return things to their rightful owner.

The following are some examples of goals that parents may want to teach their children:

- Be happy and cheerful.
- Be loving and affectionate.
- Communicate well with others.
- Be considerate of others' feelings.
- Maintain a positive attitude.
- Avoid bad habits.
- Be responsible.
- Develop good values and morals.
- Take good care of your health and hygiene.
- Respect the rights of others.
- Know and stand up for your rights.
- Be creative.
- Appreciate nature.
- Develop a love and enjoyment of learning.
- Control and show emotions appropriately.
- Become good at making decisions and solving problems.
- Do well in school and work.

Inevitably, parents will receive criticism for the parenting goals that they wish to teach their children. Many times parents, especially new parents, lack confidence when teaching their children to reach goals. This is especially the case when parents are inconsistent in determining goals. You also can be criticized for pushing your child into growing up too fast or for selecting certain goals for your child. Nevertheless, you should make these decisions for your child as best you can. Take some time to evaluate your own beliefs and goals, and give careful thought to those goals you want for your child. You may also choose to seek direction and advice from individuals and support persons whom you respect.

Remember to be confident and consistent when being either a role model or a teacher for your child. Your actions, no matter how insignificant they seem, can have a great impact on your child's self-concept and self-esteem. Parenting cannot be taken lightly; it is a life-long commitment.

> When you walk what you talk people listen.
>
> — Anonymous

Points to Remember

- Not only will your child grow intellectually by imitating your behavior, but your child also will grow emotionally and socially by gaining a healthier self-esteem and self-image.

- Parents and caregivers have a tremendous impact on the development of self-esteem in infants and young children . From the first moment of life, children begin to receive messages about how they are valued. Even very young babies can sense if the person holding them is comforting and loving or cold and stiff.

- You must remember that your actions, no matter how insignificant they seem, can have a great impact on your child's self-concept and self-esteem. Positive feedback and encouragement are the best ways to help your child develop a positive, healthy self-concept.

- Children are less likely to become bored when adults plan and prepare interesting activities for them. When you provide your child with a variety of interesting things to do, the child remains occupied and productive.

- Direct guidance is used to influence behavior through direct interaction with your child. Different types of direct guidance can be used based on your child's age and what works best.

- One of the main goals of affective guidance is to help children feel good about themselves and their accomplishments. This can be done by expressing your love and by praising your child's efforts.

- Discipline also should be consistent. If a child breaks a limit one day with no reaction from a parent but receives negative feedback another time the limit is broken, the child will become confused about what type of behavior is allowed.

- You have more of an impact on the way your child views himself or herself and how your child behaves than any other person on earth. This is why it is vital to consider everything you do with and around your child.

- You are the first role model for your child. Your child will imitate your actions whether you like it or not and will look to you as a guide for appropriate behavior. That is why it is so important for you to behave the way you would want your child to behave.

- Providing your child with enriching experiences does not have to cost money. Offering the opportunity to discover everyday objects and experiences can provide enrichment.

- Children need to know that they are wanted. Providing a secure base for your child allows the child to feel confident when attempting new tasks, which ultimately will lead to growth in all areas of development.

Vocabulary

affective guidance
discipline
direct guidance
guidance
indirect guidance

physical guidance
role model
self-concept
self-esteem
verbal guidance

Review

1. Why is it important to begin building a child's self-esteem at an early age?

2. Discuss a positive and a negative way you can affect your child's self-concept and self-esteem.

3. Explain the effects indirect guidance has on a child. Use at least two forms of indirect guidance to support your explanation.

4. List three suggestions for effective verbal guidance. Relate each suggestion to a particular situation that might occur.

5. Why must you be consistent when you discipline your child?

6. Choose one method of guidance and explain how you would apply it to your child.

7. Define the term role model, and explain why parents must consider their actions and reactions.

8. How do parents serve as teachers for their children? Why might you be considered your child's first teacher?

9. List five goals that you have for your child. How will you teach these goals to your child?

21 Special Concerns in the Family

Essential Elements

(7) Concepts and skills related to special concerns in the family.
  - Identify potential family problems and crises.(7A)
  - Explain methods for preventing and coping with family crises.(7B)

Functioning effectively as a family is often difficult and complex. Families are made up of people, and as we all know, people are not perfect. Therefore, families are not perfect. A variety of concerns can develop within the family and cause stress and problems for family members.

Children can make our families wonderful, helping to form a special group of individuals with life-long ties. When a crisis occurs all family members can be affected. It is important that adults within the family unit make children feel secure and loved.

Sometimes there are things you can do to reduce the frequency of problems and crises. Other times the situation may be completely out of your hands. The ability to deal with crises and solve problems within the family and keep them from reoccurring is important. Learning to prepare for and deal effectively with the inevitable changes in life will help you have a happier family.

Potential Family Problems and Crises

Many different types of problems can occur within the family unit. No family is completely free of problems and crises—problems and crises are just part of life. A ***family crisis*** is a turning point, a time when a family is faced with a difficult decision, a big change, or a serious problem that will influence the course of their lives. Think about a crisis that your family has endured and what brought on that crisis. A crisis may be brought on by a person's actions, by the actions of others including family members, or by natural causes and events.

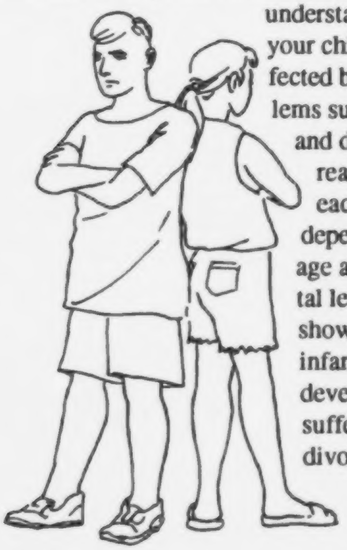
Parents act as strong role models during a crisis. Children naturally look to their parents and react accordingly. If a parent is panicked, frightened, hysterical, or angry, the child's reaction may be very similar to that of the parent. That is why it is important for you as a parent to sort out your feelings and explain the situation to your child honestly and sensitively. Do not attempt to explain in more detail than your child will understand. The older your child gets, the more in-depth explanations will be appropriate.

Potential problems and crises within a family are numerous. Examples include the following:

- divorce/separation
- dating, remarriage, stepparenting
- death
- family violence
- alcoholism and addiction
- financial/job loss
- moving

DIVORCE/SEPARATION

Marital problems are a concern for many families. As a parent, it is important for you to understand how much your child can be affected by marital problems such as separation and divorce. Children react differently to each situation, depending on their age and developmental level. Studies have shown that even an infant's emotional development may suffer when parents divorce. Preschool children, school-age children, and adolescents cope with divorce and marital problems differently. Although the disruptive factors that go along with divorce are stressful and may be long-lasting, most children eventually do adjust to their new lifestyle.



Separation in marriage occurs when one of the parents lives apart from the family, but the parents are still legally married. ***Divorce*** occurs when a married couple legally dissolves their marriage. Separation and divorce have become very common in our society. If you have experienced a separation or divorce as a spouse or as a child, you realize the negative effects this crisis can have on children.

Adjustment

In the past it was believed that children were better off with their parents remaining unhappily married than if their parents divorced—regardless of the amount of tension and conflict in the home. This opinion is no longer widely held. Children may feel relieved when one of the parents leaves the home. This may be the best solution in many cases. Nonetheless, divorce is difficult on all family members regardless of the circumstances.

Children

When dealing with separation or divorce, children may blame themselves and be confused about what is happening. Telling your child the truth about what is happening and what can be expected is usually the best approach. Your child may fear that he or she will be sent away, replaced, or abandoned. Your child may take blame for the marital problems and think that something could have been done to prevent them. Children may feel this way because in the past they have heard their parents fighting and arguing.

If a separation or divorce should occur in your family, it is your responsibility to reassure your child that she or he had nothing to do with your problems. Even though your relationship with your spouse is changing, you must make sure your child understands that your relationship with him or her is not changing. You need to emphasize this with appropriate loving actions such as putting your child to bed at night, singing to your child, and reading stories together.

Reinforcing your love for your child and reassuring your child that you and your spouse will love her or him forever will help the child withstand the crisis. You may have strong emotions during this time and may unknowingly send mixed signals to your child. You may get angry more easily, lose your temper, and do things that make your child feel rejected. Remember how your emotions affect your child, and try to keep your emotions under control.

While separation may be temporary, divorce is much more permanent. Children, and sometimes adults, may have false hopes that a reunion will occur. Many children believe that they can do certain things to get their parents back together. If parents are aware that their children have these hopes and dreams of having the family as it once was, they should explain to the children that this is not likely. You should encourage your child to adjust to this new life rather than be preoccupied with false hopes. Do not encourage false hopes even if you have them yourself. If a reconciliation does not occur, such false hopes will make the separation or divorce more difficult for your child to handle.

As a result of divorce, many children end up living in a single-parent home. This can be a very difficult adjustment for children who are accustomed to living with both parents. If this is your situation, try to make this adjustment to a new lifestyle as easy as possible for your child. Children often feel pressured to choose one parent over another but should never have to make such a choice. You should not influence your child's attitude by saying things about the other parent or blaming the other parent for marital problems. If you place blame on your ex-spouse or are angry with your ex-spouse, these feelings should not be expressed in front of your child.

Adults

The effect separation and divorce have on spouses also can be traumatic. Some feelings which spouses may experience include the following:

- alienation
- depression
- fear of being alone
- inability to establish a close, intimate relationship
- lack of self-worth
- sense of failure

To overcome the negative feelings that a person might have after or during a divorce, professional counseling may be necessary. Counseling may also be helpful for your child. If you are having difficulty explaining things to your child without anger and resentment, a professional can offer guidance.

DATING/REMARRIAGE/STEPPARENTING

If you date and see other people, your child may express concern, fear, jealousy, and anger. Your personal social life may be difficult for your child to accept. The amount of time you have for a social life may be limited; however, it is important for your personal development to have the opportunity to spend time with friends and socialize.

When you begin new relationships, do not try and keep the relationship a secret from your child. Children should be given an opportunity to meet and get to know someone who could become a member of the family. Parents who have remarried or who are planning to remarry should share in activities so that the potential new spouse and children can get to know each other. These kinds of activities can help children become used to other adults who will be a part of their lives.

If you are divorced and decide to remarry, your child will be faced with the reality that his or her parents are not going to get back together. Depending on the amount of time between the divorce and the remarriage, this may be difficult for your child to accept. Your new spouse will be your child's ***stepparent***. Stepparents often are viewed by a child as an obstacle in getting divorced parents back together. Children may resent a stepparent, especially when the stepparent has to discipline them or enforce rules. The reaction of children is often one of not paying any attention to their stepparent because the stepparent is not their biological parent. The often used phrase, "You can't tell me what to do. You're not my mother/father" is an obstacle stepparents must overcome. Stepparents may choose not to discipline their stepchildren to keep peace in the family. Stepparents may fear resentment from a child when the stepparent is trying to gain acceptance into the child's life.

When stepparents enter a family, many different reactions may occur. A child's age has a great deal to do with how the child handles the situation. Parental influence also impacts how children react in certain situations. As a parent, you need to understand why your child acts certain ways in order to deal with the child in an appropriate manner.

DEATH

Coping with death can be a difficult obstacle for families. Whether it be a close, immediate family member or friend, or a distant relative or acquaintance, children will have questions about death. Very young children, under the age of three, seldom understand the concept of death and dying. Preschool children may be afraid that they too will die and relate events of the death directly to themselves. Young children also may view death as reversible and think that the loved one will return. School-age children understand the finality of death; however, they do not view death as something that could happen to them.

Supporting your child during this kind of crisis is important. Telling your child the truth on a level which is understandable is usually the best approach when discussing death. If your child thinks that you are not telling the truth, the child may become more anxious and afraid. Being readily available to listen to your child's concerns and answer any questions will comfort the child. Loving your child and displaying that love by holding, touching, hugging, rocking, and using a soft, calm voice can sometimes do much more than words for a grieving child.

Generally, we all deal with grief in a similar manner. There are three stages that a person goes through when coping with the loss of a loved one.

- Stage I: Anger and denial that a person has died.
- Stage II: The strongest emotions of grief and mourning are expressed.
- Stage III: The ability to verbalize about the loss and begin to recover and rebuild.

Helping your child deal with the death of a loved one can be emotionally difficult for you. Do not be afraid to seek help from friends and professionals for both you and your child. Many people need help when dealing with a crisis of this magnitude.

FAMILY VIOLENCE

One situation that is difficult for any family member to predict or feel in control of is habitual violence in the family. Parents may abuse their children or their spouse, older children may abuse their parents, and siblings may abuse each other. Usually the abuse is unpredictable because it has little to do with what the victim of the abuse does. It has more to do with what stress the abuser feels (for any reason). Abuse and neglect often take place when a parent is drinking, which makes the parent's behavior even more unpredictable.

> *Problems are not stop signs, they are guidelines.*
>
> *—Robert Schuller*

Forms of Violence

Abuse and neglect take many forms. They may involve physical abuse, emotional abuse, sexual abuse, physical neglect, or emotional neglect. A child may experience one or more of these forms of abuse in a family. Parents can neglect children most of the time and abuse them periodically. One parent can abuse a child while the other parent neglects the child. Parents may not even realize that sexual abuse from an older sibling, friend, or relative is taking place.

Definitions and laws regarding abuse and neglect vary from state to state. Children are protected against abuse by laws in all fifty states. In Texas, it is law that a person must report suspected child abuse to the authorities. You may have seen signs posted in child care centers stating this law. Anyone who suspects child abuse should report it to the appropriate social service or child welfare agency. Anyone who reports abuse does not have to provide proof. Child abuse only has to be suspected in order for an investigation to take place. Once child abuse is reported, an investigation begins in order to protect the child.

In Texas, laws known as the ***Texas Family Code*** define what actions constitute abuse. Abuse is divided into the following categories:

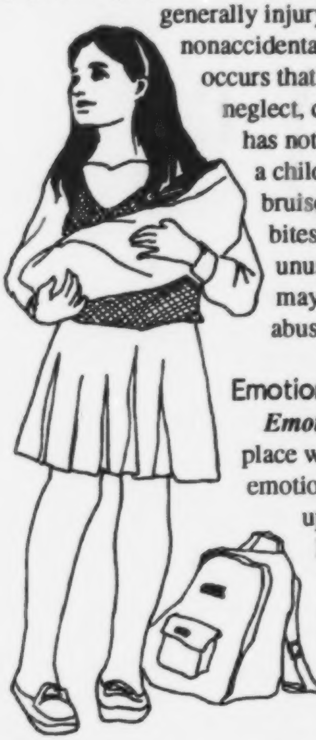
- physical abuse
- emotional abuse

- sexual abuse

Neglect is separate from abuse in the Texas Family Code. The different types of neglect include the following:
- physical neglect
- abandonment
- medical neglect

Physical Abuse

Physical abuse occurs when a person responsible for a child causes bodily injury to the child or when the person does not make an effort to prevent an action by another person that results in physical injury to a child. Physical abuse is generally injury that is nonaccidental. If an accident occurs that is not caused by neglect, child abuse generally has not been committed. If a child has unexplained bruises, black eyes, burns, bites, broken bones, or unusual marks, the child may be a victim of child abuse.



Emotional Abuse

Emotional abuse takes place when mental or emotional injury is inflicted upon the child. Emotional abuse can occur when a child is called names by an adult such as "stupid," "no good," or "dumb." This type of abuse destroys a child's self-esteem and can impair a child's growth, development, and psychological abilities. Emotional abuse is the most difficult type of abuse to identify and is seldom reported to authorities. Emotional abuse is considered by some to be more damaging to a child than physical abuse.

If a child demonstrates delayed emotional or physical development, does not seem attached to a parent or both parents, or shows extremes in behavior, the child may suffer from emotional abuse.

Sexual Abuse

Sexual abuse occurs when an adult uses a child to arouse or satisfy the adult's sexual desires or when an adult does not reasonably attempt to prevent another adult from committing these acts. Forms of sexual abuse include the following:
- sexual assault—sexual attack on a child
- incest—intercourse between persons closely related such as father and daughter
- rape—having forcible intercourse with a child
- pornography—literature, art, or photography involving children that is intended to cause sexual excitement or lust

If any of the acts listed above are intentionally performed in the presence of a child to satisfy sexual desires, abuse has occurred even though the child was only an observer.

Identifying and documenting a case of sexual abuse can be difficult. Sexual abuse can happen to children of all ages, and the abuser is usually someone the victim or the victim's family knows. Cases involving female victims are more frequently reported than cases of male victims. It is important to teach your child what areas of the body are private and should not be touched by anyone. Assure your child that it is okay to tell an adult "no" if this should occur. You also must stress to your child that she or he should tell you if sexual abuse occurs.

Children who are victims of sexual abuse may exhibit many different behaviors. Some children regress to earlier types of behavior such as thumb sucking or bed wetting. They might become afraid of the dark or of certain locations they associate with the abuse. Problems that sexually abused children must deal with tend to follow them into adulthood and usually require professional help to be solved.

If a child has been sexually abused and tells an adult about the situation, that adult should always take the child seriously and report the matter to the authorities. If your child demonstrates unusual sexual knowledge, demonstrates unusual sexual acts, has difficulty walking or sitting, or gives you the slightest hint that sexual abuse has occurred, be suspicious and investigate the situation. Be aware that you are dealing with an extremely difficult situation that could negatively affect your child for the rest of his or her life.

Physical Neglect

Physical neglect results when a parent does not provide the necessary items for a child. Items such as food, clothing, shelter, care, and protection are the basic necessities for a child to live a healthy life. If a parent cannot provide these basic necessities due to lack of money, the parent is not considered neglectful. However, financial assistance is available for people who do not have the money to properly provide for their children. A parent should seek assistance and accept assistance when it is offered. If the parent refuses to accept the financial assistance offered, then that parent is guilty of neglect.

It is difficult to know at what point a child is not receiving the basic necessities for a healthy life. If a child is not clothed appropriately for the weather, is always dirty, appears undernourished or malnourished, or lives in unsafe, unsanitary conditions, the child may suffer from physical neglect. In our society, no child should have to face the cruelties of physical neglect in our society. There are many avenues a parent can take to protect and provide for her or his child. Chapter 24 discusses the agencies and organizations that provide assistance to families.

Abandonment

If a parent leaves a child without care and does not intend to return to the child, it is considered ***abandonment***. If a child is left alone for long periods of time, allowed to participate in dangerous activities, or receives no parental or adult supervision, the child may be considered abandoned by the parent. If a person feels unable to continue parenting a child, that child should be placed in the custody of the state and then provided a foster or adoptive home. There are many people in the world that will offer love and care to a child who has been abandoned.

Medical Neglect

Not obtaining or following through with medical treatment for a child is considered ***medical neglect***. Not getting proper medical care for a child may result in bodily injury, disfigurement, death, or impairments to the child's growth, development, or functioning. Lack of proper dental care also is included in medical neglect.

If a child needs medical care, medication, or health aids (such as crutches or a hearing aid) and the parent does not provide it, that parent is guilty of medical neglect. Basic medical care is available free or for a minimal fee in most community health centers. Not having the money to provide medical care for a child is not an excuse for medical neglect.

Causes of Abuse and Neglect

There are many causes of abuse and neglect. Common feelings that often accompany abusive behavior include tension, stress, anger, depression and ignorance. Factors that contribute to abusive behavior include feelings of isolation, frustration, inadequacy, and financial difficulties.

Parents often have high, unrealistic expectations of their children, and when these expectations are not met, abuse can occur. Parents who do not understand the limitations of their child may mistreat the child. If a parent expects a toddler to use perfect table manners, that parent does not understand the development of children and may become angry and abusive to his or her child when the child does not perform as expected. Single-parent families may be at greater risk of abusing or neglecting children because of the tremendous responsibility and burden of raising a child alone.

Children who are the victims of abuse may have characteristics that affect the abuser in a negative way. These characteristics may be physical or behavioral and include those that make the children unappealing, difficult, or different in the eyes of the abuser. These characteristics may be the result of a child being premature, disabled, unplanned, or a different sex than hoped for by the parent. The child also may behave differently than other family members or other children of the same age.

Abuse and neglect deny children their basic need for a secure, safe, trustworthy environment in which to develop. Abused children may suffer psychological, physiological, intellectual, and social growth failure, resulting in serious developmental problems.

Every day, five children in the United States die from abuse or neglect. Most abusive parents want to be good parents but lack the information and support to do so. Successful parenting requires knowledge of how children develop and what children need as well as an understanding of one's own attitudes and behavior. Educating people about being successful parents and how to cope with their multiple roles are goals of many different agencies and programs. By gaining insight into the roles and responsibilities of parenting, you may be less likely to abuse and more likely to love and cherish your child.

ALCOHOLISM AND ADDICTION

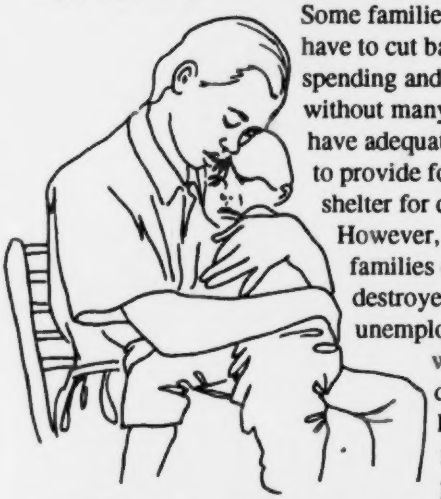
When a member of a family is addicted to drugs and/or alcohol, the entire family may be caused to suffer a great deal. Parents who are under the influence of drugs or alcohol may become violent and abusive toward their children, spouses, or others. Families suffering from drug and alcohol abuse also might suffer financial problems due to the excessive amounts of money spent on the abused substances. Money that should be spent on food, clothing, or shelter is spent on drugs and/or alcohol. Parents may even neglect paying utility or medical bills. A child's physical health and mental health can be affected negatively by the financial problems associated with a parent's addiction to drugs or alcohol.

Children are often embarrassed by parents who are under the influence of drugs and alcohol. Children may not invite friends over in fear of the condition parents will be in and what their friends may see. Children often take care of their parents who are under the influence of drugs or alcohol by cleaning up after their parents and trying to make them feel better. Many times, the children take on the role of parent by providing care and doing household chores that the parents neglect. Children may have to lie to other people about their parents because they are too ashamed to tell the truth or because the parents have told them to lie.

If parents are using alcohol or illegal drugs, there is always the possibility that they could be arrested. This can cause separation from the child which may be lengthy if a jail term is imposed. In addition to being arrested, parents under the influence of drugs and alcohol may be more likely to be involved in automobile accidents.

Children who have been exposed to drug and alcohol use may have easy access to drugs and alcohol in the home or might know where they can get these substances. They may be more tempted to try these things when they are easily obtained. Children who see their parents escape stress and pain through drug and alcohol use may use drugs and alcohol for the same reason.

FINANCIAL/JOB LOSS



Families handle unemployment in different ways, depending on their individual situations. Some families may have to cut back spending and do without many extras, to have adequate income to provide food and shelter for children. However, other families can be destroyed by unemployment when they do not have money to purchase necessities or when they have many bills to pay. Some families are forced to leave their homes because they cannot afford to pay the rent or mortgage. Many families may be eligible to receive government assistance to help them buy food, clothing, and shelter. In some cases, however, families who are eligible do not receive assistance because of language barriers or paperwork problems. If you are seeking assistance and run into these problems, do not get discouraged. Continue to seek help from other people that understand you and can accommodate you.

Children may be embarrassed by the financial hardships their family may incur with the loss of income. Tension and stress caused by unemployment may lead to arguing, fighting, or other problems. Children are directly affected by their parents' unemployment and should be consoled and cared for by the parents during this difficult time. Unemployment is not a problem children can help solve. Parents should explain the situation to the child, without making the child feel in anyway responsible for the problems. Eliminating any guilt feelings will help the child continue to grow, develop, and get through the crisis as smoothly and normally as possible.

MOVING

Our society is a mobile one and families are often uprooted. A child's security must come from the family unit wherever it is rather than from living in a specific home or a certain town.

Moving is stressful for all family members. It is especially stressful to children because they do not know what to expect. Their present home is familiar and safe. They may not want to leave.

Parents can help relieve their children's fears by allowing them to talk about their feelings. Sometimes, children can help pack their own things. They can feel more a part of what is happening and more in control. If parents emphasize the positive aspects of moving rather than the negative ones, children may be more accepting.

After the move, it is important for parents to help the child get settled. They can encourage the child to make new friends and take their children to visit new surroundings including schools, parks, libraries, and the neighborhood.

Coping with Crises

Problems and crises arise in every family. The problem or crisis may be as simple as having a flat tire when the car is needed to get to school or work, or it may be a serious life-threatening illness.

Individual family members may face their own problem or crisis which may or may not affect the entire family unit. Children often have their own unique set of crises. These could range from attending a new child care center or school, having a different caregiver, sleeping in a new bed, losing a favorite toy, or finding out that their kitten was just hit by a car.

> IF YOU DON'T STAND FOR SOMETHING, YOU'LL FALL FOR ANYTHING.
>
> — STEVE BARTKOWSKI

Single parents may have their own unique crises as well. Being a student as well as a parent, living with other family members and not having their own home, money problems, caregiver problems, and numerous other problems can influence the lives of single parents.

Regardless of the individual family member who faces a problem or crisis, it is important to remember that families with strong support systems do not fall apart in crises. Instead, they grow stronger as members are drawn together for mutual support and encouragement. The family together can rely on each other to find something positive even in problem situations. This mutual bond helps keep families strong and provides valuable lessons to younger family members who may need to rely on strong family ties in the future.

Sometimes, the individual is unable to rely on the family for support or additional help may be needed. Individual family members may need professional help to understand conditions and to solve problems.

PATTERNS OF ADJUSTMENT

Social researchers have noticed a pattern in the responses of families to crisis. They have found that families typically experience various stages when dealing with crises. The three stages of adjustment to a family crisis are

- definition and acceptance,

- disorganization, and
- reorganization.

Definition and Acceptance

After the onset of the crisis and the increasing realization that a crisis has occurred, the initial reactions often are shock and disbelief. Family members may define a situation differently. A major crisis to one person may not be a crisis to another family member.

The first stage of adjustment involves defining the problem and gradually accepting that a crisis exists. For example, the family may have to face the gradual realization and acceptance of a child's disability.

Crises impact people differently, depending on the nature of the problem and the personality of the person dealing with the problem. The hardship and stress the crisis produces and the resources you have will affect your family's acceptance of a crisis situation.

Disorganization

The second stage of adjustment to a crisis is a period of disorganization. Disorganization occurs when the family's normal functioning is disrupted. During this stage, the family attempts to gather resources to cope with the crisis.

The crisis usually is not resolved at this stage. The situation often gets worse as disorganization sets in. Disorganization may result in the following:

- short tempers
- strained loyalties
- tension
- decline in family morale
- disrupted living patterns
- absence from school or work
- occurrence of illness

Studies have shown that child and spousal abuse are more likely to occur during the disorganization stage. Criminal assaults and suicide threats also may increase during this time. Other studies have shown that the use of alcohol and other drugs rises sharply during levels of stress and may lead to a deeper level of disorganization.

Reorganization

During the third stage, family members gradually begin to reorganize. After a period of time, perhaps weeks or months, conditions begin to improve. If the crisis is financial, family members may decide to borrow money, sell the car, or cash in some savings. If the financial crisis persists, the family may have to consider moving to a new location, moving in with other family members or friends, securing additional jobs, or some other means of providing financial resources.

Normally, after a crisis reaches its worst point, things begin to improve. Gradually, the family begins to accumulate resources to handle future problems. Family members may settle into new roles and different patterns of behavior. The family reorganizes to adjust to the crisis. The adjustment can be either better or worse than the situation prior to the crisis. However, the reorganization is sufficient to end the period of crisis.

CRISIS RESOLUTION

Families in crisis become dysfunctional unless they find a way to cope with the crisis situation in a constructive way. Some families are able to deal with the crisis through communication, patience, and time. Some crisis situations are too complex for the family to handle alone. When this type of crisis occurs, a family needs information or assistance from others. Information and assistance are available from the following:

- extended family members
- hotlines
- professional services such as Alcoholics Anonymous, Family Crisis Center, and Hospice
- self-help groups such as group counseling
- professional counseling
- religious support groups
- school counselor, nurse, or teacher
- clergy

Refer to Chapter 23 for more information about problem solving.

Points to Remember

- Functioning effectively as a family is often difficult and complex. Families are made up of people, and as we all know, people are not perfect. Therefore, families are not perfect.
- No family is completely free of problems and crises—problems and crises are just part of life. A family crisis is a turning point, a time when a family is faced with a difficult decision, a big change, or a serious problem that will influence the course of their lives.
- Parents act as strong role models during a crisis. Children naturally look to their parents and react accordingly.
- If a separation or divorce should occur in your family, it is your responsibility to reassure your child that she or he had nothing to do with your problems. Reinforcing your love for your child and reassuring your child that you and your spouse will love him or her forever will help the child withstand the crisis.
- The amount of time you have for a social life may be limited; however, it is important for your personal development to have the opportunity to spend time with friends and socialize.
- Abuse and neglect take many forms. They may involve physical abuse, emotional abuse, sexual abuse, physical neglect, or emotional neglect.
- Parents often have high, unrealistic expectations of their children, and when these expectations are not met, abuse can occur.
- Abuse and neglect deny children their basic need for a secure, safe, trustworthy environment in which to develop.
- When a member of a family is addicted to drugs and/or alcohol, the entire family may be caused to suffer a great deal.
- Individual family members may face their own problem or crisis which may or may not affect the entire family unit.
- Regardless of the individual family member who faces a problem or crisis, it is important to remember that families with strong support systems do not fall apart in crises. The family together can rely on each other to find something positive even in problem situations.
- Crises impact people differently, depending on the nature of the problem and the personality of the person dealing with the problem. The hardship and stress the crisis produces and the resources you have will affect your family's acceptance of a crisis situation.
- Families in crisis become dysfunctional unless they find a way to cope with the crisis situation in a constructive way.

Vocabulary

abandonment
divorce
emotional abuse
family crisis
medical neglect
physical abuse
physical neglect
separation
sexual abuse
stepparent
Texas Family Code

Review

1. How can divorce and separation cause a family crisis?
2. How can remarriage cause a family crisis?
3. What are the three stages that a person goes through when coping with the death of a loved one?
4. How are abuse and neglect alike? How are they different?
5. Explain emotional abuse and the effects it can have on a child.
6. Identify and describe the four types of sexual abuse listed in the text.
7. Discuss three causes of child abuse and neglect.
8. How can one member of a family addicted to drugs and/or alcohol cause the entire family to suffer?
9. Discuss the possible difficulties associated with financial/job loss within a family.
10. How can parents and other family members act as strong role models during a crisis?
11. Explain the stages of adjustment families experience during a crisis.
12. Identify five individuals or groups that can provide information and assistance when a crisis occurs.

22 Children With Special Needs and Abilities

Essential Element

(7) Concepts and skills related to special concerns in the family.

- Explain methods for identifying and caring for children with special needs and abilities.(7C)

Your child may have special needs due to emotional, physical, mental, or learning disabilities as well as above-average abilities that gifted children display. Children with special needs must be cared for and guided in various ways depending on their individual abilities and situations in order to develop to their fullest potential. It is important to understand that special needs can vary from child to child. What applies to one child with a special need may not apply to another child with the same special need. Special needs may range from mild to severe and may be present at birth or occur sometime during a child's life.

If your child has significant special needs, it is important to identify and begin meeting those needs as early as possible. Early treatment, diagnosis, and encouragement will help your child develop and achieve as much as possible. You also can receive education, training, and information regarding your child's special needs from doctors, educators, and support groups. If your child has a special need, you should learn what you can do yourself to meet that need, as well as learn about available resources.

Factors Affecting Special Needs

Both hereditary and environmental factors contribute to the creation of children with special needs. ***Hereditary factors*** refer to the genetic history and make-up of a child. ***Environmental factors*** refer to those things which affect the fetus after conception or the child after birth. Often the exact cause of a child's special need is unknown.

HEREDITARY FACTORS

During conception two special ***germ cells***, or sex cells, the ovum and the sperm, come together to form the first cell of a developing embryo. These germ cells are different from other cells in the body because they have only one-half the number of chromosomes of other cells. ***Chromosomes*** are thread-like particles which carry genes. ***Genes*** in turn carry information about the traits the new individual will have. When the sperm and egg join, the chromosomes combine. Some traits from the mother and some traits from the father are passed along to create a unique human being.

Sometimes things go wrong during one of the processes. For example, one of the chromosomes may be defective or carry a trait which will result in an impairment or disability. The germ cell may carry an extra chromosome or be missing one of the chromosomes that determine a child's sex, which results in abnormal development. Why these problems occur is not clearly known. Some impairments or disabling conditions associated with hereditary or genetic factors include

- Down's syndrome,
- phenylketonuria (PKU),
- diabetes,
- sickle-cell anemia, and
- cystic fibrosis.

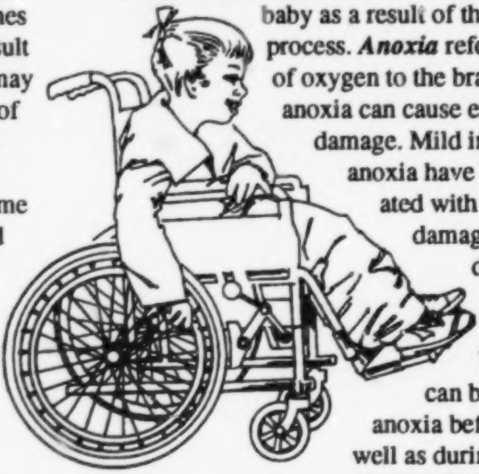
For more information on hereditary or genetic disabling conditions, refer to Chapter 6.

ENVIRONMENTAL FACTORS

Most impairments or disabling conditions are caused by environmental factors and often are preventable. Once conception takes place, the growing fetus is susceptible to what the expectant mother consumes and to diseases which may be contracted by the expectant mother. During and after birth other environmental factors can lead to the development of special needs in children.

Prenatal Factors

What the expectant mother consumes, foods as well as substances such as drugs, alcohol, and tobacco, affect the development of the fetus. Pregnant women who eat well-balanced diets, avoid taking drugs of any kind, and abstain from drinking alcohol and smoking tobacco have a better chance of producing a healthy baby than those who do not. Excessive alcohol consumption has been identified as a cause of profound brain damage known as ***fetal alcohol syndrome***. Tobacco smoking has been associated with low-birth weight and deficiencies in several areas of development. Diseases such as rubella in a pregnant woman can have disastrous effects on the fetus. But the chances of contracting rubella can be reduced greatly if women are immunized against rubella prior to conception. Your child also can be immunized against this disease.



Different environmental factors can affect your baby as a result of the birthing process. ***Anoxia*** refers to the loss of oxygen to the brain; if severe, anoxia can cause extreme brain damage. Mild incidents of anoxia have been associated with mild brain damage, emotional disabilities, and learning disabilities. Your baby can be subjected to anoxia before birth as well as during the birthing process. For example, if the expectant mother is anemic, she has an iron deficiency. Her blood's oxygen-carrying capacity may be so low that the baby's blood oxygen level falls to dangerous levels, thus causing anoxia. Complications also may arise if the supply of oxygen through the umbilical cord is cut off during delivery. If the cord emerges before the baby's head is delivered, the head can squeeze or pinch the cord against the wall of the birth canal and cut off the oxygen supply, causing anoxia.

Postnatal Factors

Other environmental factors can create special needs in your child after birth. These factors include the following:

- illness
- poor nutrition
- accidents
- child abuse

For example, repeated middle ear infections, if untreated, can cause hearing loss and result in the delay of speech and language development. Poor nutrition, especially an inadequate intake of protein, can cause permanent brain damage.

Accidents involving automobiles, poisonous substances, and unsafe surroundings are among the leading causes of disabilities in children. Child abuse is another factor which can lead to physical as well as emotional disability.

More and more has been learned about factors which may have a relationship to the development of a child with special needs. Great strides have been made in preventing many disabilities. For example, the widespread use of the polio vaccine has nearly eliminated polio in this country. The once complex Rh blood factor, which causes antibodies in the Rh negative woman to attack the cells of the Rh positive fetus, can now be controlled through special treatment. A number of drugs that have been linked to birth defects can now be avoided by all pregnant women. Genetic counseling for couples with a family history of genetic disorders helps couples make decisions about having children.

Categories of Needs and Abilities

Children who have a specific special need may have certain characteristics in common. While special needs do not have the same effects on all children, there are certain activities and characteristics that children with special needs display. There are seven broad categories of special needs and abilities which include the following:

- physical disabilities (including orthopedic and health impairments)
- sensory disabilities (including hearing and visual impairments)
- speech disabilities
- learning disabilities (including reasoning and perceptual impairments)
- emotional disabilities
- mental retardation
- special talents (including greater than average capacity to learn, reason, and create)

It is important to remember that this is only one way of organizing the categories of special needs and abilities. Children with special needs and abilities may have needs in more than one area. For example, a child with a hearing impairment also may have a speech impairment, or a child with a sensory disability also may have a special talent.

PHYSICAL DISABILITIES

Many children are born with physical disabilities due to birth defects. When a physical disability is present at birth, it is not as difficult for the child to learn to maneuver with the existing disability—the child has never known any other condition, so the disability feels natural. Other children may develop physical disabilities after birth due to illness, accident, or neglect.

If your child is born with a physical disability, it probably will be apparent immediately. Treatment, therapy, and education for you and your child can begin much sooner than for a child whose special need may take time to diagnose.

Illness and Health Defects

All children experience illness at some point as they grow. One of the most difficult tasks you will face as a parent is taking care of your physically ill child, especially when the child is seriously ill. The difficult part is not necessarily the physical work, but rather seeing your child in pain or discomfort and not being able to remove that pain.

> *The important thing in illness is never to lose heart.*
>
> *— V.I. Lenin*

Fortunately, you probably will experience these tasks only occasionally when your child has bouts with colds, the flu, a broken bone, or an infectious disease such as chicken pox or measles.

Acute Illnesses

Acute illnesses are medical problems that require several days or possibly a few weeks for recovery. Examples of acute illnesses include colds, tonsillitis, ear infections, strep throat, chicken pox, stomach or bowel upsets, and a broken arm or leg. The average child under five has between four and nine acute illnesses each year. It is possible for severe acute illnesses to lead to chronic problems; however, with proper medical attention, a child is usually healthy again in a short amount of time.

Several problems typically must be dealt with when your child has an acute illness. These problems include the following:

- making sure that the doctor's orders regarding medicine and rest are strictly followed
- finding things for your child to do during waking hours so that the child does not become too bored
- handling your child's behavior that often emerges when faced with an illness
- minimizing the aftereffects of the acute illness

Children do not always understand the relationship between treatments and cures. Your child may be reluctant to take medication, especially if it has an unpleasant taste. If your child is old enough to understand, explain the importance of the medicine prescribed and why it is necessary to take it. With a child too young for explanations, you might try disguising the medicine in food such as infant formula or ice cream to encourage your child to take the necessary medicine. If possible, try to give your child medicine when he or she is not tired or fussy.

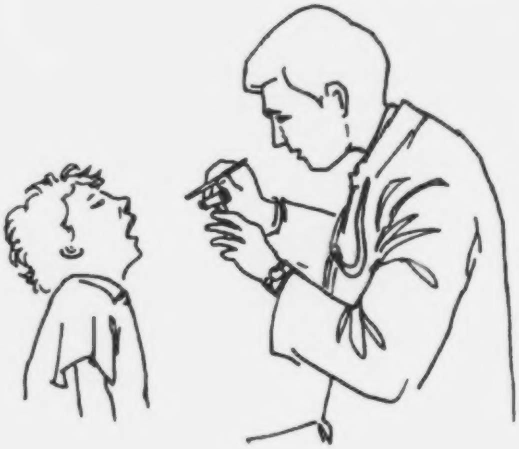
Children often are irritable and demanding when they are ill. They may want their parents to do things, such as feed and dress them, that they normally do for themselves. Your sick child may become more irritable and be less satisfied with your efforts than usual. As a parent, this can be frustrating, especially if you are tired and have many other tasks facing you such as homework, household responsibilities, or work. Expecting that your child will be demanding, irritable, and in need of more affection when ill can help you respond to your child's needs in a positive way.

Boredom is a problem all children face when recovering from an illness. Reading to your child, talking, playing simple games, and watching movies or television are all useful devices for boredom control. Children often think they are ready and able to run and play or go back to school before they should. It is important to accept your child's feelings and be supportive; however, it is also important to follow the doctor's directions to help prevent your child's acute illness from leading to a chronic illness.

Chronic Illnesses

A ***chronic illness*** may refer to many different physical conditions or illnesses. Depending on the source and the definition, from 5 to 20 percent of all children under the age of eighteen are considered to have some type of chronic physical illness or disability that lasts for months or possibly years. These illnesses involve some decrease of functioning and may or may not result in the child's early death. The most common chronic illnesses are

- asthma,
- cardiac conditions,
- orthopedic disabilities,
- epilepsy, and
- diabetes mellitus.



If your child has a chronic illness, you as well as your child must adjust to some long-term symptoms or problems that to some degree will limit behavior or the ability to function. A chronic illness may or may not be life threatening. It is often more psychologically difficult for children with mild disabilities to cope with their condition than for children with severe disabilities. Children with mild disabilities are, for the most part, still able to participate in previous activities. However, they may feel awkward, different, or just not the same as other children their age.

The chronic illness of one family member affects all members of the family. The exact impact that the chronic illness has on the family depends on the characteristics of the illness and what happens over time. Factors that affect the impact of the chronic illness on the family include the following:

- characteristics of the child
- degree of caregiving required
- organization of the family
- characteristics of other family members
- family members' relationships to each other

As a parent, you must cope with the occasional illnesses your child may face. You also may have to deal with the problems that result if your child has a chronic physical illness that affects the daily routine of all family members.

Orthopedic Impairments

Orthopedic impairments are problems with the formation and function of your bones. Due to problems during their mothers' pregnancies, some children have deformed, underdeveloped, or missing limbs. Causes of orthopedic impairments during childhood include problems associated with growth, injury, and illness.

Treatment for orthopedic impairments includes medication, surgery, physical therapy, or prosthetics. A ***prosthesis*** is an artificial substitute for a missing limb such as an arm or leg. An impairment might require a combination of treatments. For example, after surgery has been performed to correct an impairment, physical therapy may be prescribed. Surgery sometimes includes the replacement of joints or limbs with those made of plastic, metal, or other materials. If your child has a disability that cannot be corrected completely, you and your child can learn techniques to help her or him live a life that is as normal as possible.

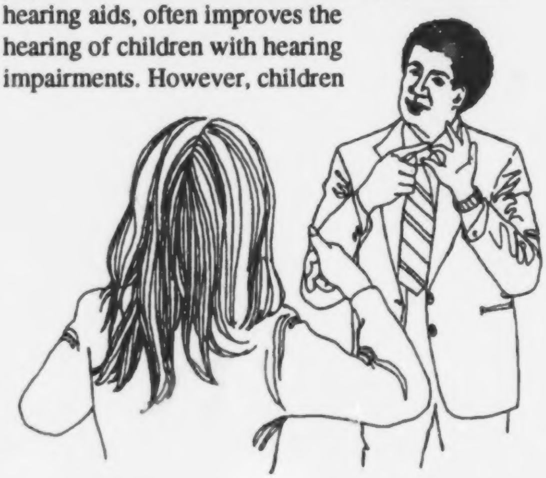
Muscular Control Difficulties

Another type of physical disability is difficulty with muscular control resulting from damage to the central nervous system. One of the most common disorders affecting control of the body is cerebral palsy. ***Cerebral palsy*** includes disorders caused when the cerebral area of the brain is injured. The injury and subsequent damage to this area of the brain may occur before birth, during birth, or during the first few months after your baby's birth.

SENSORY IMPAIRMENTS

Hearing Impairments

The ability to hear is essential in the early development of speech and understanding language. For children who are born with or who acquire a hearing impairment at a young age, early detection is crucial to determine how speech and language have been affected. Treatment by a physician, which could include surgery or use of hearing aids, often improves the hearing of children with hearing impairments. However, children with uncorrectable or severe hearing impairments may need to participate in programs to teach them to communicate in other ways and to make the most of what hearing ability they may have.



The definitions of deafness and hearing impairment are very different, although some people use the terms interchangeably. ***Deafness*** is a total loss of hearing. ***Hearing impairment*** refers to partial loss of hearing ranging from slight to severe. Characteristics of children with hearing impairments include problems with speech, little or no response to sounds, watching people's faces and movements closely, and using touch more frequently than other children.

There are several causes of hearing disorders including birth defects, illnesses and diseases, and injuries. Birth defects account for many cases of hearing disorders. Such disorders can result, for example, from inherited defects in the auditory system or from conditions which occur while the mother is pregnant with the child. Auditory systems of infants can be affected if the woman had German measles, or rubella, during her pregnancy or if an Rh Incompatibility existed between an expectant mother and her unborn baby. As explained in Chapter 6, the ***Rh factor*** is a substance commonly present in red blood cells. In a case of Rh incompatibility, the Rh factor exists in the unborn baby's blood but not in the expectant mother's blood. This may cause the expectant mother's blood to produce substances that attack the Rh factor in the baby's blood; damage to the baby's auditory system may result.

Illnesses and diseases cause most cases of ear infection. Ear infections can result in permanent damage and hearing loss. Illnesses resulting in high fevers and diseases in specific parts of the ear also can damage the ear and result in hearing loss. Head injuries, blows to the head, and burns about the head can damage the ear. Exposure to loud noise over a long period of time eventually can lead to permanent deafness.

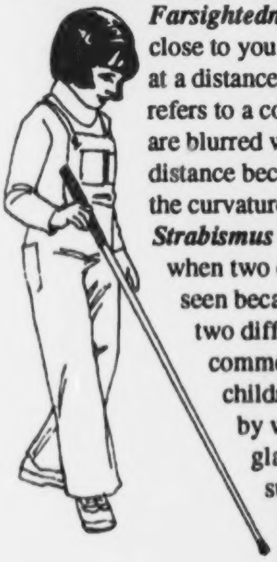
Hearing disorders occur on a wide variety of levels—from not being able to hear at all, having a difficult time hearing, or being unable to hear certain sounds such as doorbells or high musical notes. Medical treatment for hearing loss includes medication, draining fluids from the eardrum, and surgery. Individuals with hearing impairments often use ***hearing aids***, which are electronic devices placed in the ear to amplify sound.

Visual Impairments

The definitions of visual impairments and blindness are similar to those of deafness and hearing impairments—although some people use the terms interchangeably, they are different. A ***visual impairment*** refers to a partial loss of sight within a range of slight to severe. ***Blindness*** refers to a total loss of sight. The causes of visual impairments and blindness vary from circumstances present at birth to diseases, accidents, and injuries.

The most common visual impairments of the human eye are eye defects. Although most eye defects cannot be cured, some can be corrected by wearing prescription eyeglasses or contact lenses. Defects of the eye include the following:

- nearsightedness
- farsightedness
- astigmatism
- strabismus
- color blindness



Nearsightedness is when objects at a distance are blurred, but objects close to you are clear. ***Farsightedness*** is when objects close to you are blurred, but objects at a distance are clear. ***Astigmatism*** refers to a condition where objects are blurred whether close or in the distance because of an irregularity in the curvature of the lens of the eye. ***Strabismus*** refers to a condition when two different pictures are seen because the eyes are going in two different directions. This commonly occurs in young children and can be corrected by wearing special eyeglasses, using eye drops, surgery, or by wearing a patch over one of the eyes.

Color blindness occurs when the eyes are unable to distinguish between certain colors. This condition is usually present at birth and cannot be corrected; however, it does not get worse.

SPEECH IMPAIRMENTS

Your child's acquisition of language is one of the most important developmental tasks of the early childhood years. ***Speech impairments*** are defects in the manner in which a person speaks. The ability to communicate may be considered a speech impairment if your child's speech or language calls attention to itself, interferes with communication, or causes any difficulties.

The causes of speech impairments vary. Speech is an act that requires the rapid coordination of numerous fine muscles. It depends on good hearing as well as small-motor coordination. Also, speech is a learned or acquired behavior; therefore, one of the main causes for impaired speech is faulty learning. Other causes of speech impairments may be physical in nature. For example, chronic ear infections, cerebral palsy, or a cleft palate can be the physical cause of a speech impairment.

Speech impairments are classified into five main categories.

- Articulation problems
- Stuttering and fluency problems
- Delayed speech
- Aphasia
- Voice disorders

Articulation Problems

Articulation means pronouncing or talking clearly and distinctly. Articulation disorders affect speech sound production and involve such difficulties as pronouncing certain sounds while talking. Articulation disorders are the most common type of speech impairment. Your child may be identified with an articulation disorder if the child distorts, substitutes, or omits speech sounds usually articulated correctly by the majority of children in your child's age group. For example, if your child says *dadder* for *ladder* but is only two years old, this would not be considered a speech articulation problem, since most two-year olds mispronounce the *l* sound. If, however, your five-year-old child consistently substitutes *th* for the *s* sound, always saying *thoup* for *soup*, then your child probably has an articulation disorder.

Stuttering and Fluency Problems

The most common disorder of speech fluency is stuttering and must not be confused with normal, developmental pronunciation errors in the speech of your child. ***Fluency*** refers to being able to talk easily and smoothly. ***Stuttering*** refers to a series of repeated sounds. In speech, if a person pronounces a certain sound several times before saying the complete word, the person is stuttering.

Delayed Speech and Aphasia

Delayed speech problems are characterized by slow language development in a child. Delayed speech is sometimes a result of an environment where a child has been given very little encouragement to talk. This type of environment may not allow for normal development of speech skills. On the other hand, ***aphasia*** refers to a partial or total loss of capability to talk or understand words. This condition is usually a result of a type of brain disease or an injury.

Voice Disorders

Voice disorders involve problems such as voice quality, voice pitch, and voice volume. Voice disorders are not common in young children. However, if your child always sounds stuffed-up when that is not the case, or if your child has chronic laryngitis, mention this to your child's doctor/health care provider. In a young child, a voice disorder is often the symptom of a physical problem.

Treatment

Treatment of speech impairments includes therapy from a speech pathologist. A therapy program is designed for each child, based on the individual needs of the child. Such therapy may include the use of audio and video recording machines, teaching of new speech skills, individual sessions, or group sessions with others who have the same speech impairment.

LEARNING DISABILITIES

A ***learning disability*** is a malfunction of the brain when processing and using information. As a parent, you should be aware of your child's development in order to determine if your child may have a learning disability. Remember, however, to consider developmental level. For example, your two-year-old being unable to write on a line is not an indication of a learning disability. If your child

- moves from one activity to another without finishing the activity,
- misbehaves to receive attention,
- has difficulty performing tasks using concepts relating to space such as up and down or over and under,
- is unable to write on a line,
- displays hyperactive tendencies or moves constantly to the point of disruption,
- appears clumsy and awkward when doing simple things like dressing or tying shoes and playing sports,
- does not like changing routines or trying new things,
- has poor memory, or
- has perceptual problems,

your child could have a learning disability.

Each characteristic of a learning disability in some way makes learning difficult for your child. For example, if your child has a perceptual problem, the child may not be able to distinguish between certain letter symbols, such as *b* and *d*. ***Attention deficit disorder***, also known as hyperactivity, makes it difficult for your child to attend to tasks for any length of time.

Since learning disabilities become most apparent in the academic setting, they may not be diagnosed until the elementary school years. However, some types of learning disabilities can be recognized in the preschool years.

> **Differences challenge assumptions.**
>
> **- Ann Wilson Schaef**

Professionals have many theories about the exact causes of learning disabilities. Some specialists in the field recognize three areas of probable cause: organic, biochemical, and environmental. ***Organic causes*** refer to physical damage to the brain. The functions of a special area of the brain may be impaired if that part of the brain is damaged. ***Biochemical causes*** result from vitamin or mineral deficiencies, allergies, or food additives. ***Environmental causes*** might include emotional or motivational problems. All three areas of cause are being explored by researchers.

MENTAL RETARDATION

A child with below-average emotional, intellectual, and physical functioning is usually considered ***mentally retarded***. If your child has below-average development in one or two of these areas, he or she is not necessarily mentally retarded. All three areas of development must be impaired for a child to be mentally retarded. Children with this disability may exhibit some of the following characteristics:

- poorly developed motor skills
- speaking difficulties or limited vocabulary
- short attention spans
- inability to understand complex ideas
- difficulty in making choices

Many children diagnosed as mentally retarded can be educated and trained and eventually be able to care for themselves and do simple jobs. Some children who are severely retarded may need to be institutionalized or live where they can have constant care.

Children who are mentally retarded should be accepted and loved just as any other child in the family. If your child is mentally retarded you may have difficulty adjusting to that fact. Parents can seek help from agencies, religious affiliations, and professionals to deal with their feelings. There also are organizations, books, and self-help groups which can help parents with similar concerns.

SPECIAL TALENTS

Some children are born with special talents, intelligence and natural abilities that parents may recognize early in their child's development. Children who have been identified as having gifts and talents also have special needs. If your child displays several of the following characteristics early in life, the child may be specially gifted:

- long attention span
- unusually observant and curious
- ability to make careful judgments
- uses a large vocabulary
- remembers small details
- reads without being taught
- dislikes repetition
- understands complex ideas

Measuring or defining ***gifted and talented*** is sometimes difficult. One of the most frequently used measures of intelligence is the standardized IQ test. Children with IQs of 130 or above are considered gifted. IQ tests, however, are often criticized as a determiner of giftedness. Many children who are creatively gifted do not score above 130 on IQ tests. A broader definition of giftedness might simply be "outstanding achievement in any area of development or learning." As a parent, you play a key role in identifying such achievements.

The question of why some children are gifted and others are not has been of interest to researchers for a long time. For a while, some thought that giftedness was largely a result of heredity. Others thought that the environment determined giftedness. Today, most agree that giftedness is a combination of inherited superior traits and a stimulating environment.

Gifted children present a unique challenge to parents, caregivers, and teachers. To fully develop their gifts, these children need a stimulating environment tailored to meet their individual needs. The following guidelines may be useful if you have a gifted and talented child:

- Provide a rich and stimulating learning environment at home.
- Support your child's self-initiated interests and serve as a resource person.
- When your child is developmentally able, help your child develop skills to draw logical conclusions based on what she or he sees.
- Provide activities that enhance emotional development.
- When your child is developmentally able, provide opportunities to solve problems and explore the surrounding world.

Premature Babies

Approximately 10 percent of all children are born prematurely. ***Premature*** refers to babies born before the thirty-seventh week of pregnancy. A full-term pregnancy is forty weeks. The term premature covers a variety of newborns—from babies born three months early and in need of intensive care for weeks or months to babies who are born three weeks early and not in need of any special care. Premature babies are generally divided into two categories—low-birth-weight babies and very-low-birth-weight babies. ***Low-birth-weight babies*** weigh between 3 pounds, 5 ounces and 5 pounds, 8 ounces. ***Very-low-birth-weight babies*** weigh under 3 pounds, 5 ounces.

There are certain factors that place women at a higher risk of having a premature delivery. These factors include the following:

- age of the expectant mother (teens and women over forty are at a greater risk)
- poor health care of the expectant mother
- poor nutrition of the expectant mother
- weight of the expectant mother prior to her pregnancy (under 100 pounds at a greater risk)
- previous birth less than one year before the current pregnancy
- expectant mother was premature herself or has previously given birth to a premature baby
- expectant mother smokes

If your child is born prematurely, the need for special care will depend on how premature your baby is and whether complications occur. In general, the smaller the baby is at birth, the more problems or complications the baby will have. Parents of premature babies face many problems. The initial reaction is concern about their child's health and survival. This concern may be followed by feelings of guilt, anger, loss, and responsibility. If your baby is very sick, the baby will be placed in intensive care in an incubator or on a warming bed and possibly hooked up to elaborate equipment. It is difficult to rock and cuddle a newborn who is in this situation. Many parents feel that they are unable to meet all of their premature newborn's needs and may feel inadequate.

If your newborn has few complications and weighs enough to go home, you may experience feelings of inadequacy for only a short time. If your baby is very-low-birth weight, must stay in the hospital for several months, and has many complications, concerns may persist or come and go with each crisis.

Having a premature baby can be a stressful experience. You should be reassured knowing that most premature babies grow and develop with relatively few problems from their early entry into the world.

Care and Guidance

All children need love, support, acceptance, and security. When caring for children with special needs and abilities, you must remember that they have many of the same needs as children without these specific needs. You should not pity or feel sorry for these children or place them on a pedestal and idolize them. Children with special needs and abilities need limits and structure like all other children.

There are many resources available to help parents cope with the special needs of their child. Accepting and dealing with your child in a positive way is very important. Seek assistance so that you and your child can deal with the special needs and abilities easier and with less stress. Figure 22.1 lists private programs and organizations that specialize in different special needs of children.

SUPPORT

With any special need, as the child gets older and is around other children, he or she may begin to notice differences between other children and himself or herself. At this point, the child may begin to question why the difference exists, and parents should explain everything truthfully. This honesty helps the child begin coping with the special need and provides honest answers when a child is questioned by other children.

It is important to remember that children with special needs have many of the same needs as children who do not have special needs. All children need love, support, acceptance, and security. Children with health needs should not be pitied. Instead, they should be treated with limits and structure similar to what other children receive. However, the severity of a child's special need may have an effect on the type of treatment required. A child with a severe disability may not understand or be able to perform complex tasks. As a parent, you need to keep this in mind and plan your child's care and guidance accordingly.

Private Programs and Organizations

NOTE: While some of the programs and organizations listed are specific to the state of Texas, similar resources may be available in other states.

Advocacy, Inc.	nonprofit corporation formed to protect the legal rights of people who have disabilities; funding is received through special federal legislation
American Cancer Society	offer services such as counseling, transportation, supplies and equipment, and education to cancer patients and their families; all funding is private
American Diabetes Association	offer services such as public and professional education, support groups, and camping programs for people afflicted with diabetes; all funding is from private sources
American Heart Association	offer professional and public education, CPR training education, support groups, and research to help reduce the occurrence of disability and death from cardiovascular disease and stroke; all funding is from private sources
American Lung Association	offer public education and support for the prevention, control, and cure of lung disease and its causes; all funding is from private sources
American Red Cross	provide emergency relief to victims of disasters such as tornadoes, fires, and hurricanes; offer courses in swimming, first aid, CPR, nursing, and health programs; youth educational programs also are available for schools, colleges, and universities
Association for the Advancement of Mexican Americans	offer programs that provide delinquency prevention, drop-out recovery, emergency youth shelters, inpatient and outpatient treatment and prevention, guidance and counseling, basic education, and housing and neighborhood revitalization; programs are funded by state and federal grants and private sources
Association for Retarded Citizens	provide legislative, individual, and systems support on behalf of people with mental retardation and their families; provide information and referral as well as professional and public education; funding is from private sources

Figure 22.1

Cerebral Palsy Foundation	provide in-home services, pre-kindergarten education, support groups, rehabilitation services, counseling, child care, technical assistance, and camping programs to children with cerebral palsy or any other disability and their families; funding is from private sources such as insurance, Medicaid, and fees for services
Children's Transplant Association of Texas	provide support, technical assistance, transportation, public education, financial assistance, counseling, crisis intervention, housing, and support groups for children in need of an organ or tissue transplant, children who are organ and tissue recipients, or their families; one of five chapters in the United States; funding is from private sources such as individuals and civic organizations
Coalition of Texans with Disabilities	provide support, community involvement, leadership development education, and information and referral to disabled people; funding is from private sources
The Compassionate Friends	provide support groups to families who have lost children due to death; located in cities throughout the United States; funding is from private sources
Easter Seal Society for Crippled Children	provide special education, hearing aids, medical supplies and equipment, recreation programs, transportation, child care, and outpatient rehabilitative services to children with disabilities and their families in order to assist them in achieving their highest level of self-esteem and independence; offer swimming, summer camp, child care, and car seat loan program for nondisabled individuals; funding is mainly from city, county, United Way, grants, and fees; some funding is from federal and state sources
Goodwill Industries	provide residential services, vocational education, and rehabilitation services to individuals who are disabled or vocationally disadvantaged; funds are from the sale of donated goods and local funding sources
March of Dimes Birth Defects Foundation	provide public and professional education and support for health care professionals, children, pregnant women, parents and families, people with a low income, and others to prevent problems associated with birth such as low-birth weight, infant death, and birth defects; funding is from private sources
Muscular Dystrophy Association	provide medical services, equipment, financial assistance, and education for people with muscular dystrophy and their families; also provide the general public with education and information about the disease; funding is from private sources
PKU Support Group	provide support groups for children and people with PKU as well as their parents and families
PTA (Parent/Teacher Association)	help children, parents, and families by providing parent education on a variety of issues including child abuse, alcohol and drug use, parenting, and parent involvement in the schools; funding is from private sources
Ronald McDonald House, Inc.	provide housing for ill children and their families; families must be referred by a doctor, nurse, or social worker; funding is from private sources
The Salvation Army	provide residential services, pre-kindergarten education, financial assistance, rehabilitation services, employment assistance, counseling, crisis intervention, meals, transportation, and child care; no facility offers all services; services are for children, adults, families, people with low incomes, and others who meet eligibility requirements of individual programs; funding is from private sources
Special Olympics International	provide athletic training and competition for mentally retarded children and adults; sports events are similar to those in the Olympic Games; training for the games is often through programs at the athlete's school or in the community; funding is from private sources

Figure 22.1 (continued)

Spina Bifida Association of Texas	provide information and referral, financial assistance, and medical supplies and equipment to people who have spina bifida and their parents and families; funding is from private sources
Texans' War on Drugs	provide professional and public education, technical assistance, and drug prevention education for children, parents and families, people with a low income, and the general public; a statewide drug use prevention program that works with all programs which are youth-oriented; program is federally funded and administered by the Governor's Office and the Texas Commission on Alcohol and Drug Abuse
Texas Alcohol Narcotics Education	provide information and referrals and drug use prevention programs to the general public including schools, churches, businesses, and civic groups; funding is from private sources
Texas Association for Children and Adults with Learning Disabilities	provide education, information, and referral assistance to people who are disabled and their families; advance the education and general welfare of the learning disabled through information and referral services, newsletters, films, and literature; present annual conferences and workshops for parents and professionals; funding is from private sources
Texas Coalition for the Prevention of Child Abuse	provide public education and child abuse prevention for children, parents and families, and pregnant or parenting adolescents; funding is from private sources
United Way	provide funding to agencies and organizations benefiting the general public; represent United Way members before state agencies and the state legislature; increase the capacity of people to care for each other by identifying service needs; plan, fund, and help people to access services; assist programs in improving their management capacity; funding is from private sources

Figure 22.1 (continued)

EDUCATION

Several laws have been passed to improve the educational opportunities of children with special needs and abilities. Educators have come to realize that children with special needs and abilities are just as capable of learning as children without special needs, and when given the opportunity, they can usually excel in one area or another.

Elementary and Secondary Education Act

The ***Elementary and Secondary Education Act (ESEA)*** was the first major program designed by the U.S. government to improve education. The primary target of this act was to help lower-income children considered educationally deprived. An amendment to ESEA in 1966 allocated funds for educational programs and facilities for children with disabilities.

Handicapped Children's Early Education Assistance Act of 1968

The ***Handicapped Children's Early Education Assistance Act of 1968*** provides experimental preschool and early education programs for children with disabilities or special problems. These programs in urban and rural areas provide activities and services with community coordination and Federal support. In 1986, an amendment was made to the act to increase individual states' responsibilities to serve preschoolers, infants, and toddlers.

Education for All Handicapped Children Act of 1975

The ***Education for All Handicapped Children Act (1975)*** was passed to ensure that every child with special needs from age three to twenty-one would receive equal opportunities for an education. Experts and teachers can help children with learning disabilities and special talents discover different ways of learning things that may work better than conventional ways of learning. Therefore, parents can feel assured that they will be able to find educational programs that will meet the special needs of their child.

With the passing of this act, every child with special needs must have an ***Individualized Education Program (IEP)***. An IEP refers to a written plan that is developed by a committee made up of school personnel and the parents of the child. A team of professionals assesses the child's abilities, strengths, and weaknesses and works with the committee to devise a specific education plan that will best serve the child. They ensure that an IEP is written for a child, and no child is allowed to be placed in a special education program without it. The federal funding a school receives can be jeopardized if the plan stated in the IEP is not carried out.

Another benefit for a child with special needs that stems from the act is the policy that children must be placed in the least restrictive environment. The ***least restrictive environment*** is the surrounding where a child can make the most of her or his learning potential. Children should be allowed to set their own pace for learning new skills. However, this does not mean that children are allowed to do whatever they want without supervision.

Mainstreaming

Mainstreaming is a concept that provides opportunities for children with special needs to participate in many of the same classes and programs with children who do not have special needs. It is important to remember that children with special needs who are mainstreamed still need special resources that are appropriate for their needs and support. Therefore, mainstreamed programs should be monitored carefully to ensure that children with special needs are getting an education that is as beneficial as one they would receive in an environment especially geared toward children with special needs.

Mainstreaming has definite advantages. In the past, children with special needs were often isolated having no interaction with those not having special needs. Educators realized that it would be very beneficial to incorporate children with special needs into programs in which all students participate. When children with and without special needs are allowed to interact, they learn to accept each other. Children without special needs learn to look beyond the special need and see a child with special needs as a person. By increasing interaction between children with and without special needs, society learns to accept and understand people having special needs. Through this interaction the child with special needs learns to feel accepted, which can improve his or her self-concept.

Challenges Faced by the Family

Being a parent is difficult at times. With parenthood comes many new challenges and responsibilities. Being a parent of a child with special needs brings even more challenges and responsibilities. Parent's who have a child with special needs should not have their parental roles diminished in their child's lives. They still have the right to play an active role in their child's education regarding which classes their child will be in, what kind of help will be given to their child to expand areas with potential, and what educational opportunities are available for their child. Also, doctors should be very informative and honest with parents about a child's special needs and conditions.

Having a special need can sometimes affect a child's social development and social activities. Parents have reported that after the discovery of their child's special need, friends treated them differently and were hesitant about allowing their children to play together. Children who have special needs are sometimes stared at, made fun of, and laughed at by others which can definitely affect their social development. Those who develop a special need later in life are sometimes excluded from activities and groups of friends.

The great variety of special needs conditions may seem overwhelming. Human development is so complex that it is not surprising that some individuals develop special needs. Understanding the general nature of each child's special need is important. However, each child will have unique, individual needs which should be the basis for the child's care and education.

Points to Remember

- Children with special needs must be cared for and guided in various ways depending on their individual abilities and situations in order to develop to their fullest potential.

- Both hereditary and environmental factors contribute to the creation of children with special needs. Often the exact cause of a child's special need is unknown.

- Most impairments or disabling conditions are caused by environmental factors and are often preventable.

- While special needs do not have the same effects on all children, there are certain activities and characteristics that children with special needs display.

- All children experience illness at some point as they grow. The average child under five has between four and nine acute illnesses each year.

- From 5 to 20 percent of all children under the age of eighteen are considered to have some type of chronic physical illness or disability that lasts for months or possibly years. These illnesses involve some decrease of functioning and may or may not result in the child's early death.

- For children who are born with or who acquire a hearing impairment at a young age, early detection is crucial to determine how speech and language have been affected.

- The most common visual impairments of the human eye are eye defects including nearsightedness, farsightedness, astigmatism, strabismus, and color blindness.

- Speech is an act that requires the rapid coordination of numerous fine muscles. It depends on good hearing as well as small-motor coordination.

- Some children are born with special talents, intelligence and natural abilities that parents may recognize early in their child's development. Children who have been identified as having gifts and talents also have special needs.

- Certain factors place women at a higher risk of having a premature delivery including the age of the expectant mother (teens and women over forty are at a greater risk), poor health care of the expectant mother, poor nutrition of the expectant mother, weight of the expectant mother prior to her pregnancy (under 100 pounds at a greater risk), previous birth less than one year before the current pregnancy, expectant mother was premature herself or has previously given birth to a premature baby, or the expectant mother smokes.

- The Education for All Handicapped Children Act (1975) was passed to ensure that every child with special needs from age three to twenty-one would receive equal opportunities for an education.

Vocabulary

acute illness
anoxia
aphasia
articulation
astigmatism
attention deficit disorder
biochemical causes
blindness
cerebral palsy
chromosomes
chronic illness
color blindness
deafness
delayed speech
Education for All Handicapped Children Act (1975)
Elementary and Secondary Education Act (ESEA)
environmental causes
environmental factors
farsightedness
fetal alcohol syndrome
fluency
genes
germ cells
gifted and talented
Handicapped Children's Early Education Assistance Act of 1968
hearing impairment
hearing aids
hereditary factors
Individualized Education Program (IEP)
learning disability
least restrictive environment
low-birth-weight babies
mainstreaming
mentally retarded
nearsightedness
organic causes
orthopedic impairments
premature
prosthesis
Rh factor
speech impairments
strabismus
stuttering
very-low-birth-rate babies
visual impairment
voice disorders

Review

1. Describe how hereditary factors contribute to the creation of children with special needs.
2. Describe how environmental factors contribute to the creation of children with special needs and why they are often preventable.
3. What are the seven broad categories of special needs and abilities?
4. How does an acute illness differ from a chronic illness?
5. List four problems with which you typically deal when your child is ill?
6. Why is early detection of a hearing impairment so important?
7. A child must be below-average in what three areas to be considered mentally retarded?
8. Identify five factors that place women at-risk of having a premature delivery.
9. Why is it important for parents to be honest with their child if the child has a special need?
10. How would you feel if your child was born with a special need?

23

Managing Family Life

Essential Elements

(8) Concepts and skills related to management in family life.
  - Apply procedures for meeting individual and family needs through resource management.(8A)
  - Explain methods of sharing parenting responsibilities within a family.(8B)
  - Apply techniques for assuming the multiple roles of school-age parents.(8D)
  - Summarize the effects of management on the quality of life.(8F)

In today's society, few people have only one role to fulfill. You may be a mother, student, homemaker, wife, and employee. You may be a father, student, homemaker, husband, and employee. The successful functioning of a family unit is vital to every family member. Families must be equipped with a working knowledge of management skills in order to manage multiple roles successfully.

Resource Management

FAMILY FUNCTIONS

A ***family institution*** is any system of statuses and roles centered around bringing new members into the society while sheltering, protecting, and socializing other members. These activities around which the statuses and roles are centered are called the functions of the family. All families in all societies provide these basic functions.

A family can take many forms while fulfilling the same purposes or functions. Family members may play many roles in their lives due to family situations, lifestyles, and different careers. These varied roles can make it difficult for a family to perform its basic functions and meet the individual needs of family members.

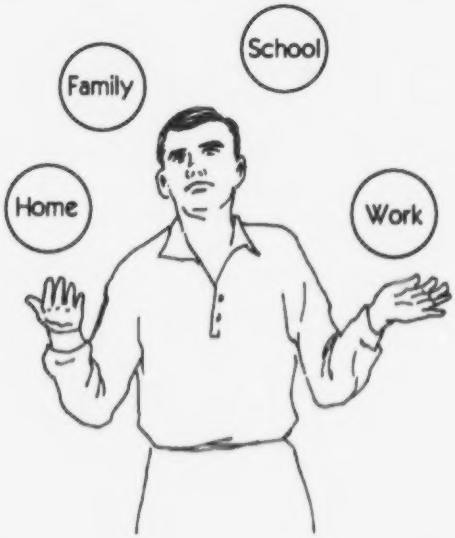
Every family situation is different. Families differ and so do their needs; however, all families need to provide similar basic functions in order to operate effectively. Basic family functions include but are not limited to the following:

- providing the essentials of food, clothing, and shelter
- defining each family member's role
- sharing home responsibilities
- assigning tasks
- providing for family members' emotional fulfillment
- providing security, acceptance, companionship, and commitment
- learning behavior that is acceptable to the family and society

Families must maintain some degree of morality and loyalty and provide for the socialization of their children. Through socialization, families help members acquire basic personal disciplines such as acceptable standards of behavior, communication and interaction skills, attitudes, goals, and personalized values.

MANAGEMENT PRACTICES

It is frustrating at times to juggle daily school and job responsibilities and to keep up with home and family commitments. Management skills are needed to balance and coordinate work, home, school, family, and leisure activities effectively. Learning to manage can help you be in charge of your own life and take control of what happens to you. When you feel that you are in control of your own life, you are promoting a healthy self-esteem. A healthy self-esteem gives you the self-confidence to set attainable goals. Individuals with low self-esteem often feel they are being controlled and see their lives as out of their control.



Once management skills are learned, you can apply them when "managing" is needed to get things done at home, at school, on the job, when dealing with money matters, or when involved in leisure activities.

"To manage" may have different meanings, but it usually means to be in charge of something. Being in charge of something involves making decisions, setting goals, using resources such as time, talents, money, and skills to achieve goals, making schedules, organizing activities, implementing plans, and evaluating outcomes.

Management is the act of organizing or supervising activities to obtain results. It is an effective tool for creating change and reaching desired outcomes or goals. Management requires the use of resources to meet work, personal, and family goals.

Resources

A ***resource*** is a source of supply or support. It can be tangible, like a book, or intangible, like hope or belief. Resources are what you have or what you have access to that can be used to reach goals. They include skills, energy, time, knowledge, money, materials, natural surroundings, social organizations, community facilities, and government agencies.

Goals

Goals are the purposes or objectives toward which you work. Without goals, you have nothing for which to strive. ***Goal setting*** refers to the identification of what you want to achieve and is the first step you must take to reach objectives in life and work. Goals are influenced by values, standards, needs, wants, and priorities.

Values

Values are the worth or importance that you attach to ideas or objects. Values typically reflect your point-of-view about how your life should be.

What you value will influence the goals you choose. In management, values are the underlying forces that direct action. Values are usually personal feelings such as the belief in freedom, security, recognition, family life, quality of work, influence, friendliness, honesty, fulfillment, support, gratitude, and hard work. Values can be held on a personal and family level. ***Family values*** may be passed down from generation to generation. What your parents value has probably been passed down to you, and what you value will be passed down to your child.

Standards

Standards serve as criteria to evaluate behavior, objects, and feelings. Standards are the characteristics that you accept as adequate. Standards often serve as the criteria for reaching goals. Standards include parental expectations, personal expectations, lifestyle, membership in certain organizations, level of education, and behavior.

Needs and Wants

Human needs and wants often provide the motivation necessary for survival as well as the motivation necessary to begin the management process. A ***need*** is a condition in which something is required for your physical or mental well-being. Needs include food, clothing, shelter, transportation, and companionship.

A ***want*** is a condition in which you desire something but it is not needed to sustain mental or physical health. It differs from a need because a want is not necessary for survival. Wants include money, respect, confidence, a certain brand of clothes, or a particular type of transportation. Factors that create a stronger desire for wants include the influence of the "in crowd" and the effects of advertising. These factors also may destroy your family's goal structure.

Priorities

Priorities are activities or actions that demand attention or that you give attention over other activities or actions. Priorities should be established when setting goals. They might include doing homework, paying bills, and providing food and clothing for family members. You must consider what must be done, what should be done, what you want to do, and what you do not want to do.

The amount of time required to obtain a goal also should be considered. ***Short-term goals*** are goals that may be reached in a short period of time. This time period is usually less than one year. Examples include passing an English exam or buying a new dress. ***Long-term goals*** may take several years to reach. When prioritizing goals, it is important to make all goals realistic. You and your family must have the resources to obtain your goals.

> **Goals give you the specific direction to take to make your dreams come true.**
>
> **— Bob Conklin**

Setting goals involves working toward a purposeful change and reaching desired outcomes either through personal management or family management. Therefore, proper management is an effective way for an individual or family to reach goals. When individuals and families do not have goals, they can become distracted and not able to manage such things as time and money.

MANAGING TIME

With so many different things to do, parents often wonder where all of the time has gone. Everyone has the same amount of time in a day, it is the management of this time that will enable you to perform the necessary tasks in your life.

When managing time, it is important to plan ahead. This means thinking through what needs to be done and organizing information in a way that makes sense and is useful for you and your family. One way of being organized is to keep a family calendar. The calender can be a place where long-term plans are recorded. Work schedules, pay days, due dates for bills or homework, test dates, family activities, and other obligations can be recorded. This visual record can help you see a broad picture of obligations and will enable you to become more organized. Keep the following things in mind regarding the family calendar:

- It should be large enough so family members can write activities or places they need to be on given days and times.
- It should be centrally located so family members will see it and use it.
- It should be organized in a way that makes sense to your family. Some families may use colored pens or pencils and assign each person a color to use when writing things on the calendar.

Another way for family members to manage time and be organized is to prepare a daily or weekly "to do" list. Useful guidelines in preparing this list are as follows:

- List tasks to complete on that day or week.
- Rank tasks in order of importance beginning with the most important and ending with those that do not require immediate attention.
- Enter top priority tasks on the calendar.
- Mark tasks off the list as they are completed.
- Evaluate the list at the end of the day or week to see which ones need to be added to the next "to do" list.

MANAGING FINANCES

Making certain that resources are available to feed, clothe, shelter, educate, and provide medical care for your child is not only appropriate but responsible and essential. There is not an exact amount of money that is needed to rear a happy and healthy child. Factors other than financial resources have great influence. Yet with a considerable lack of money, the challenge of rearing a heathy child is much greater.

Adequate child care is expensive. In many families, it is the fourth largest budget item after food, housing, and taxes. Research has indicated that dual-earner families spend approximately 10 percent of their income on child care while a single-parent family may spend up to one-third of income on child care.

As a responsible parent, you not only have to carefully manage your money daily, but you also must plan for large or unexpected expenses. These expenses might include illnesses, accidents, or higher education.

Matching income and expenditures can be a difficult task for most individuals and families. It is often difficult for individuals and families to do all of the things they need to do as well as all of the things they want to do. To meet their goals and desires, a plan for spending and saving must be developed.

SAMPLE BUDGET

% of Income	Expenses
15 - 20	Debt Payments (including car, loan, and credit card payment)
25 - 35	Housing (including mortgage or rent, taxes, insurance, and utilities)
15 - 20	Food (includes eating out)
10	Clothing
5 - 10	Transportation (includes gas, insurance, and repair)
10 - 20	Miscellaneous (includes entertainment, medical insurance and expenses, education costs, personal grooming supplies, recreation, and charitable contributions)

Table 23.1

A ***budget*** is a plan for spending and saving income. It can help you see how you are spending your income so that you can make appropriate adjustments to reach your financial goals. A good budget sets enough money aside for the necessities of food, clothing, and shelter. It also serves as an emergency fund for medical crises or wage earner layoffs. A budget should allocate money for miscellaneous items, family entertainment, and savings for the future.

The process of developing a budget is not always an easy one. It can be quite difficult and even stressful, especially to those who find math difficult. Table 23.1 shows an example of a sample budget. It is important to remember that the percentages are only suggested limits. These percentages may vary depending on the situation. No two individuals' or families' incomes or needs are exactly the same.

Shared Responsibilities

In Chapter 3, Parenthood and Adult Roles, several important responsibilities of parenting were discussed. ***Responsibility*** was defined as a condition for which someone assumes the duties, obligations, and accountability. The responsibilities of parenting are infinite. Some important responsibilities that affect the health and happiness of parents and children that were featured in Chapter 3 include

- child guidance,
- legal and moral responsibilities,
- financial responsibilities,
- health and safety responsibilities,
- social and emotional development, and
- intellectual development.

Our environment, societal influences, and family attitudes all affect the way we view roles and responsibilities in parenting. The way we as family members sift out these influences results in ***role identification***.

ROLE IDENTIFICATION

All families are unique. Each family is made up of different groupings of people and each family member will have role expectations for the other members. Each member relates to the other according to a specific role and individual interpretation of how that role should be played. For example, children might see the role of their father as the family member who prepares the meals or see their mother as the family member who takes them to school. Children may be expected to assist with lawn care or other basic household chores. With more emphasis placed on role identification, difficulty could arise when family members are confused about their roles and family expectations.

When people in relationships have different expectations, they must negotiate their roles. When husbands and wives, parents and teachers, or workers and bosses expect different things, they must look at their roles together. They must negotiate who should do what and when they should do it. Discussion, argument, and compromise are some of the ways roles can be negotiated. When a role is being negotiated by many individuals in a society, the social norms governing that role begin to change.

Family roles also can change through negotiation. ***Integrated roles*** are those roles that at one time were perceived as either male or female roles; these roles are now shared by both females and males. Examples of integrated roles include cook, breadwinner, gardener, and housekeeper. Integrated roles can create difficulties and distress due to society's expectations of certain family members; therefore, some family members might continue to perceive the male in the work force and the female working in the home. Each family must determine and negotiate its own role and specific style. A family that is striving to function effectively and meet the needs of all of its members will work together to accomplish goals by actively integrating roles regardless of gender.

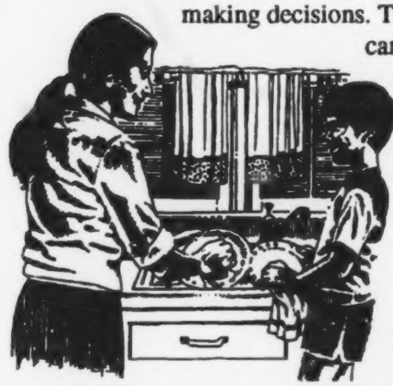
Assuming Multiple Roles

DECISION-MAKING PROCESS

As discussed previously, families function more effectively when they manage resources such as time and money. Management of such important resources involves knowing how to make successful decisions. There are many important factors to consider when making good decisions for your family. Some of these include the following:

- setting goals
- considering the roles in your family
- considering your family's value system and standards
- being able to separate wants from needs
- establishing priorities

How can you consider these factors and come up with decisions that will benefit you and your family? You can follow a simple method for



making decisions. This method can be utilized in group decision making or by individual family members. See figure 23.1 for more information.

DEVELOPING A SUPPORT SYSTEM

Even when you have managed your life in a way that reflects responsible decision making, at times you will need the support of others. People who are assuming multiple roles often require extra support to keep things running smoothly. This support can come from family members, individuals outside of your immediate family, and the community.

Personal support

Personal support comes from family and friends. You can benefit from personal support when you reach out to these individuals, share ideas and problems, participate in activities together, and mutually support one another. Most often this type of support is successful between individuals who appreciate each other's differences as well as similarities and who are willing to give as much as they get from a relationship.

Community Support

Families most often exist within communities. Because communities can only succeed to the degree that the individuals within the community succeed, many support systems have been developed to assist individuals and families in need. Community organizations that provide needed support are discussed in Chapter 24.

Management and Quality of Life

Most individuals and families experience pressures and hardships at some point in their lives. A condition in which you experience a high level of demand that causes tension is referred to as ***stress***. People react differently to stress. Stress can be positive or negative depending upon how you cope with it. Stress can be positive when it motivates you to accomplish tasks that you might not otherwise complete. When stress becomes prolonged or particularly frustrating, it can be harmful. Too much stress is referred to as ***distress***. Distress is negative and can be both physically and emotionally harmful.

Excessive stress has been associated with the high rate of heart disease in the United States today. Medical research has shown that the origins of many common diseases are related to stress. Some of the common diseases include high blood pressure, ulcers, backaches, insomnia, and headaches. Stress also has been recognized as a contributing factor to cancer. Some mental health research has shown that stress frequently underlies both emotional and behavioral problems including nervous breakdowns.

Stress comes from mental or emotional activity as well as from physical activity. It can be influenced by a person's job or personal life. Stress is unique to each individual. It is so personal that what may be relaxing to one individual may be stressful to another. A person who enjoys staying busy and active at all times may find it very stressful to spend a day on the beach doing nothing at all. That situation may make a person feel very frustrated and nonproductive. It may be very upsetting and cause distress. On the other hand, people who prefer working at their own pace and setting their own hours may feel very stressed or distressed in a situation where they must meet deadlines and punch a time clock.

It is impossible to live a life completely free of stress. Recognizing the early signs of distress or too much stress and then doing something about it can make an important difference in the quality of an individual's life. It actually may influence an individual's survival.

The important issue when managing stress is recognizing what causes stress and then determining methods of reducing the stress. It is important to select a job and lifestyle that are beneficial to you and that provide positive stress instead of negative stress.

THE DECISION-MAKING PROCESS

The basic five-step procedure for decision making is shown below.

STEP	EXAMPLE
1. Define the problem.	You need to find alternatives for care when your child becomes ill because the child care center does not accept sick children.
2. Identify alternatives or choices.	There are three possible choices. ➺ You can stay home from school with your child. ➺ Your mother can miss work and stay home with your child. ➺ You can ask Mrs. Lind, your next-door neighbor, to watch your child.
3. Compare possible outcomes.	➺ If you miss school, you will have make-up work to do, but your child will be home with a familiar person. ➺ Your mother has a lot of sick leave at work but may not want to use all of it in case a family illness requires her to take leave in the future. ➺ Mrs. Lind is nice and has raised three children, but you may feel obligated to pay her. You do not have the money for such an expense.
4. Make the decision.	You decide to have your mother watch your child. Your child becomes ill, and your mother stays home from work.
5. Evaluate your decision.	If your decision did not work out well, decide why and come up with another strategy.

Figure 23.1

Points to Remember

- The successful functioning of a family unit is vital to every family member. Families must be equipped with a working knowledge of management skills in order to manage multiple roles successfully.
- It is frustrating at times to juggle daily job and school responsibilities and to keep up with home and family commitments. Management skills are needed to balance and coordinate work, home, school, family, and leisure activities effectively.
- When individuals and families do not have goals, they can become distracted and not able to manage such things as time and money.
- When managing time, it is important to plan ahead. This means thinking through what needs to be done and organizing information in a way that makes sense and is useful for you and your family.
- Making certain that resources are available to feed, clothe, shelter, educate, and provide medical care for your child is not only appropriate but responsible and essential.
- As a responsible parent, you not only have to carefully manage your money daily, but you also must plan for large or unexpected expenses. These expenses might include illnesses, accidents, or higher education.
- Each family must determine and negotiate its own role and specific style. A family that is striving to function effectively and meet the needs of all of its members will work together to accomplish goals by actively integrating roles regardless of gender.
- There are many important factors to consider when making good decisions for your family. Some of these include setting goals, considering the roles in your family, considering your family's value system and standards, being able to separate wants from needs, and establishing priorities.
- Even when you have managed your life in a way that reflects responsible decision making, at times you will need the support of others. People who are assuming multiple roles often require extra support to keep things running smoothly.
- Most individuals and families experience pressures and hardships at some point in their lives.
- It is important to select a job and lifestyle that are beneficial to you and provide positive stress instead of negative stress.

Vocabulary

budget
distress
family institution
family values
goals
goal setting
integrated roles
long-term goals
management
need
priorities
resource
responsibility
role identification
short-term goals
standards
stress
values
want

Review

1. Identify two basic family functions and give two examples of each.
2. Why are management skills important for assuming multiple roles?
3. How do your values influence your goals? How do your parents' values influence your goals?
4. How do needs differ from wants?
5. Describe the effect a calendar or "to do" list can have on time management.
6. Why is it important to establish a budget?
7. What is the importance of role identification in the family?
8. Why is it important to make goals realistic?
9. Think of an issue your family is facing. Use the decision-making process to plan a strategy for dealing with this issue.
10. In what way is stress harmful? helpful?
11. Why is it important to select a job and lifestyle that are beneficial to you and your family?

24 Family Services

Essential Elements

(8) Concepts and skills related to management in family life.
- Summarize community resources available to assist families.(8C)
- Identify potential sources of income.(8E)

Most of the financial and emotional support you receive during this period in your life will come from your family. Your parents may show great interest in your decision to become a parent, support your decision to release your infant for adoption, or help you fight for custody of your infant, or they may alienate, criticize, or abandon you during this time of great need. The turbulence of becoming a school-age parent can be overwhelming. Your desire to be treated as an adult and to express your independence can create a challenge for loving, concerned parents and family members.

Community Resources

Communities are important to your child and to you. Just as children are members of a family, families are members of a community. Just as families help children to develop, communities have resources that provide services for families and family members.

Each family is unique, and each community has its own unique set of services available to families and children. So while it is impossible to list all services available in every community, it is possible to outline some of the major types of services available in most communities.

Community resources which provide services for families can be divided into three major categories—those providing prevention services, those providing intervention services, and those providing services which enhance family and individual development. Figure 24.1 identifies services offered by government programs and community programs and organizations.

Government Services

State Government

Department of Health

community health services	provide various services including environmental health, personal health, health education, communicable disease control, and administrative services
dental health services	provide dental health education to children in kindergarten through twelfth grades; provide water fluoridation to unfluoridated community water systems serving 1,000 or more people; provide dental care including emergency treatment for relief of pain and infection
chronically ill and disabled children's services	provide physical restoration services to children under twenty-one who have congenital defects or certain chronic illnesses; offer rehabilitation services, meals, transportation, case management, diagnosis and evaluation, housing, medical supplies and equipment, and therapy
early childhood intervention	provide in-home services, special education, parent education, therapy, counseling, support groups, and funding to local agencies for children (through age three) with developmental delay and their families
supplemental food programs	provide financial assistance, health education, and food coupons to families with infants and children through age five; provide food coupons used to purchase specific foods high in defined nutrients; provide nutrition education each time a participant receives food coupons
vision, hearing, and speech testing and assistance	provide professional education, screening services, and medical supplies and equipment; test vision, hearing, and speech/language for children through age twenty; inspect audiometers and provide a hearing aid loan service; conduct research

Department of Human Services

aid to families with dependent children	provide financial assistance, physician services, outpatient and inpatient hospital services, laboratory tests, family planning, home health services, prescription drug services, eyeglasses, and hearing aids to children through age nineteen and their families; provide services intended to help maintain families until they can achieve economic self-sufficiency
food programs for children	provide financial assistance for children through age thirteen; provide services through non-residential child care programs in nonprofit, tax-exempt child care facilities; have no age limit for physically or mentally challenged children; allow for-profit child care centers to participate if at least 25 percent of their enrollment meets certain requirements
child care services	provide child care for children of families with low income; may charge fees on a sliding scale; provide care for children through age twelve — older children are eligible if they are unable to care for themselves
child protective services	provide in-home and residential services, protective services, foster care, counseling, crisis intervention, training for independent living, and emergency services for children through age eighteen who are abused/neglected by those responsible for their care, custody, or welfare
family violence programs	provide residential services, employment assistance, counseling, crisis intervention, meals, transportation, legal services, emergency services, information, and referral for abused spouses and their children

Figure 24.1

services for the mentally retarded	provide residential services and rehabilitation services for people who are mentally retarded; responsible for providing a comprehensive program of training and health services
school breakfast and lunch programs	provide meals for children from families with reduced incomes; reimburse providers for meals provided in schools as well as in residential child care centers
services for the disabled	provide child care, recreation programs, and rehabilitation services for physically disabled people
services for runaway and at-risk youth	provide in-home services, residential services, counseling, crisis intervention, and case management for children who are truant, runaway, homeless, at risk of abuse, or at risk of running away; provide services for children age ten through seventeen
services for the chronic mentally ill	provide case management for people who have chronic mental disorders, excluding mental retardation, and who are at risk of institutionalization; serve clients who would require long-term hospitalization and psychiatric care without community-based support services
Department of Mental Health and Mental Retardation	
medical screening and treatment programs	provide health education, client education, professional education, immunizations, laboratory tests, and prescription drug services for people who are mentally retarded and mentally ill
community services	provide psychiatry and human behavior services, diagnosis and evaluation, crisis intervention, residential services, counseling, case management, emergency services, vocational education, and rehabilitation services for children, delinquent youth, parents and families, people who abuse substances, people who are mentally retarded or mentally ill, people who are hearing impaired, and people who have a low income
family support	provide family support, in-home services, architectural modifications, medical supplies and equipment, counseling, transportation, diagnosis and evaluation, independent living training, and financial assistance to people who are mentally ill; provide services to enable independent living for people with mental illness and offer support to families caring for these individuals at home
state centers	provide in-home services, residential services, diagnosis and evaluation, vocational education, case management, psychiatry and human behavior services, rehabilitation services, counseling, and crisis intervention for children, adults, delinquent youth, parents and families, people who abuse substances, people who are mentally ill, people who are hearing impaired, people who have a low income, and criminal offenders
state mental hospitals	provide in-patient hospital services, psychiatry and human behavior services, crisis intervention, counseling, diagnosis and evaluation, residential services, rehabilitation services, remedial education, in-home services, and recreation programs for children, delinquent youth, parents and families, adults, people who are mentally ill, people who are hearing impaired, people who have a low income, and criminal offenders
Youth Commissions	
community services for delinquent youth	provide in-home services, residential services, intensive supervision, specialized substance abuse treatment, foster care, juvenile justice, and rehabilitation services for children and delinquent youth age ten through twenty-one; offer parole services after the youth leaves alternative placement and is returned to the community
institutional services for delinquent youth	provide bilingual education, special education, vocational education, residential services, rehabilitation services, and juvenile justice for children and delinquent youth age ten through twenty-one who have been committed by the courts

Figure 24.1 (Continued)

Federal Agency Programs	
U.S. Department of Health and Human Services	
Head Start programs	provide in-home services, bilingual education, pre-kindergarten education, and special education for children age three through five; provide health improvement, educational, nutritional, social, and other services; help prepare underprivileged children for kindergarten
Social Security survivors benefits	provide financial assistance to people who are qualified survivors of insured workers

Source: The Texas Health and Human Services Coordinating Council; *Health and Human Services in Texas: A Reference Guide, 1991.*

Figure 24.1 (Continued)

PREVENTION

Community resources which provide ***prevention services*** focus on stopping problems in children and families before they start. For example, well-baby clinics often are provided for families who cannot afford regular health care for their children. Preventative health care can save the community money in the long run. When parents allow the condition of their sick child to worsen, sometimes the child will be admitted to a hospital. The financial burden for this avoidable hospitalization can rest on the community when parents are unable to pay for these services. Babies without adequate medical care also may not develop to their full potential, which causes further loss to communities and society.

Other sources of prevention services include organizations like the March of Dimes which focuses on the prevention of birth defects. Education programs such as those provided by the Council on Alcoholism work to prevent drug and alcohol abuse. These are only some of the examples of services available to families and children which focus on prevention. Many of these services emphasize education or learning new skills.

INTERVENTION

Unlike prevention services, ***intervention services*** are necessary when an important problem with your child or your family already exists. For example, hospitals often provide emergency care for people unable to afford other medical care. When there is suspected child abuse or neglect, intervention is provided by Children's Protective Services, an agency of the Department of Human Resources. Help for parents can be obtained through resources such as Mental Health/Mental Retardation centers.

While government agencies often provide intervention services, some private and nonprofit organizations also intervene in crisis situations. For example, psychologists or counselors can be helpful to children or other family members who have problems with which they cannot cope themselves.

Sometimes interventions are necessary when the family undergoes a change. For example, when it is suspected that a child has a disability, the family will need to find an appropriate source for diagnostic services. Following a diagnosis, referrals must be made in order for the child to receive the special services necessary to adapt to the disability. Siblings and parents also may need support or training.

Many times, the state rehabilitation commission or the local mental health/mental retardation center can be helpful. Other organizations such as Easter Seals, the March of Dimes, and the foundations for various disabilities such as Muscular Dystrophy have information and support services.

Most disabilities have victim or parent organizations available. For example, People First is an organization of mentally retarded citizens who lobby in behalf of themselves and other mentally retarded persons. These same types of organizations exist for other conditions, including heart surgery, cancer, and diabetes.

ENHANCEMENT

Many families do not need intervention or prevention services. They may be functioning well and without major problems or potential problems. These families may desire services that will enhance individual or family development. ***Enhancement services*** help strengthen family relationships. For example, scouting is often an activity that children and their families enjoy. Children's sports such as soccer and baseball also provide healthy, enjoyable activities. Big Brothers/ Big Sisters may enhance the lives of children in single parent homes.

Parenting courses can strengthen parenting skills, and marital enrichment groups or couples communication training can enrich marital relationships. The whole family can benefit from programs at the YMCA and YWCA. While religious affiliations and educational services can be considered sources for prevention and intervention, they most often act to enhance family life.

Support Services

A variety of support services are available to assist you and your child. Funding, services, and programs are available for assistance in areas such as education, health care, and nutrition. A list of sources that provide funding, services, and programs to school-age parents is included in figure 24.2. A list of sources that provide funding, services, and programs to the children of school-age parents is included in figure 24.3.

RELIGIOUS SERVICES

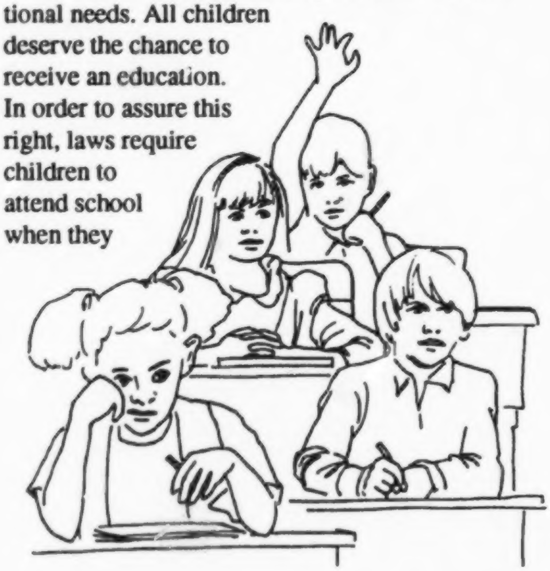
If you have an affiliation with a church or religion, you can receive support from the clergy and staff and possibly from its members. Many parents or soon-to-be parents your age find clergy and religious affiliation helpful during a time of crisis. Many clergy are professionally trained to listen to and deal with stressful situations such as those you are experiencing. This type of counseling can be both comforting and worthwhile to you and your family.

EDUCATIONAL SERVICES

You may receive encouragement from counselors and concerned friends to stay in school and graduate. Services are provided for tutoring in certain areas to assist you in successfully completing the specific requirements for graduation. Your school may offer courses addressing parenting skills and have support services such as child care, health care, and transportation to help you stay in school.

School personnel provide you with both academic and emotional support. You may be more inclined than other students to form bonds with school personnel. You may view your teachers and counselors as special friends and confidants. Your school-age parenting education program teacher, coordinator, or another staff member who works closely with you and the other students may provide the support you need to remain in school.

You also must think about your child's educational needs. All children deserve the chance to receive an education. In order to assure this right, laws require children to attend school when they reach a certain age. As a parent, you must enroll your child in school when he or she reaches the appropriate age. If not, you can be in trouble with the authorities for violating these school enrollment laws.



Learning Disabilities

Children with learning disabilities receive more assistance and understanding than they did in the

Funding, Services, and Programs for SCHOOL-AGE PARENTS

Funding/Service/Program ***	TEA	TDHS	TDH	TEC	JTPA	ATT GEN	MHMR	TRC
• **Education**								
– general (student less than 22 years)	●				●			
– vocational (student less than 22 years)	●				●			
– special (student less than 22 years)	●							
– GED (student 17 years old or older)	●	●			●			
– adult (student 16 years old or older)	●	●			●			
• **Training**								
– vocational (student less than 22 years)	●				●			
– vocational (student 21 years or older)		●			●			
– on-the-job training or placement	●	●		●	●			●
• **Financial [Aid to Families with Dependent Children (AFDC), if qualified]**								
– in-school (student less than 21 years)		●						
– adult education (student 21 years or older)		●						
– paternity tracking						●		
– food stamps		●						
• **Transportation**								
– school	●	●			●			
– work	●	●			●			
– clinics	●	●						
• **Health Care**								
– school health services	●	●						
– public health clinics (prenatal, postnatal, general care, family planning)		●	●					●
– private provider		●						
• **Nutrition**								
– free breakfast/lunch (school; AFDC automatic)	●							
– food supplement [Women, Infants, and Children (WIC)]			●					
– education								
general education/vocational education	●							
clinics			●					
• **Counseling**								
– individual (school counselor or specialized)	●	●						●
– peer (vocational organization)	●				●			
– self-help (school, vocational, specialized)	●	●						
– career (school or vocational)	●	●			●			●
– job readiness (vocational or specialized)	●	●			●			●
– crisis							●	
• **Case Management**	●	●	●		●			●
• **Child Abuse Reporting**		●						

Figure 24.2

Funding, Services, and Programs for CHILDREN

Funding/Service/Program ***	TEA	TDHS	TDH	TEC	JTPA	ATT GEN	MHMR	TRC
• **Services without Special Need Condition**								
– Title XX (child 0 to 10 years old)		●						
– Head Start (child 3 to 4 years old; poverty level)		●						
– prekindergarten (child 3 years old)	●							
– kindergarten (school)	●							
• **Services with Special Need Condition**								
– Title XX (child 0 to 12 years old)		●						
– early childhood intervention (child 0 to 3 years old)	●	●	●				●	
– early childhood education (child 0 to 5 years old)	●							
– special education (child 5 to 21 years old)	●							
– chronically ill and disabled children (CIDC)			●					
• **Financial**								
– Aid to Families with Dependent Children		●						
– child support						●		
– non-custodial parent						●		
– medical coverage						●		
• **Transportation**								
– child care	●	●			●			
– medical care	●	●	●		●			
– school	●							
• **Health Care**								
– school health services	●							
– public health clinics (well-baby, sick baby, immunization)		●	●					
– private provider		●						
• **Nutrition**								
– baby formula [Women, Infants, and Children (WIC); child less than 5 years old]			●					
– at child care (child less than 5 years old)		●						
– at school breakfast/lunch (child less than 5 years old)	●							
• **Child Care**								
– school	●	●			●			
– private	●	●						
– family		●						
• **Child Abuse Reporting**		●						

*** TEA=Texas Education Agency; TDHS= Texas Department of Human Services; TDH=Texas Department of Health; TEC=Texas Employment Commission; JTPA=Job Training Partnership Act; ATT GEN=Attorney General; MHMR=Mental Health and Mental Retardation; TRC=Texas Rehabilitation Commission

Figure 24.3

past. Through research and testing, professionals know much more about learning disabilities and ways to improve the capabilities of children who have learning disabilities. By understanding and recognizing learning disabilities, parents and teachers can take the appropriate steps to improve education for children. When children have learning disabilities but are not aware of it, they may feel inadequate and unintelligent. However, when learning disabilities are diagnosed, children may understand that they have a problem that is not their fault that affects their ability to learn.

Support groups and organizations have been formed to assist children and adults with learning disabilities. Also, education for the general public increases awareness about learning disabilities. Organizations may provide information, referral services, and reading materials for people with learning disabilities.

Post-secondary Education

Schools provide education and training for the job market. Programs are available to train you for a specific job while in high school to aid you in bettering your life and your child's life. Some jobs only are available to a person who has an ***associate's degree*** which requires completion of specific courses which take approximately two years of college. Other positions require a ***bachelor's degree***, a degree received when approximately four years of college are completed. There are some schools that offer one- to three-year programs that train people in specialized fields. Other positions may require a ***master's degree*** or a ***doctorate*** from a university. These two degrees are called ***graduate degrees*** and require several years of study after graduation from college with a bachelor's degree.

Extended years of education can be expensive; however, there are numerous financial aid programs available to those who qualify. Sources of financial assistance for a college education come from state and federally supported programs including the following:

- Perkins-National Direct Student Loans
- Hinson-Hazlewood College Student Loans
- Stafford Loans
- College Work-Study Programs
- Supplemental Educational Opportunity Grants (SEOG)
- Pell Grants
- Texas Public Education Grants
- Texas Public Education-State Student Incentive Grants
- Student Part-time Employment

In addition to these programs, numerous private loan funds and scholarships exist.

HEALTH SERVICES

Many communities offer health care services for those who cannot afford medical care. These health care centers are supported by the government to help pay for clinical services. They may charge a fee based on your family's income. Fees charged according to your ability to pay are said to be on a ***sliding scale***. Many families may qualify to use the service for free. This type of service allows you and your family to receive health care that you might not otherwise be able to obtain.

Many children have diseases such as muscular dystrophy that are present at birth or that strike during childhood. Children with serious health conditions may need special medical treatment and equipment such as wheelchairs, leg braces, and crutches. Parents of children with serious health problems may need special instruction on how to care for their children. Parents need to be educated about their children's conditions in order to understand and explain the conditions when the children ask questions. Support groups for parents help them cope with the stress and concern of having children with chronic diseases. Community services are available that can help children with chronic diseases. Children with chronic diseases may use many of the same resources and be protected by many of the same laws as disabled children and adults. Refer to Chapter 22 for more information about community resources for people with special needs.

YOUTH ORGANIZATIONS

Membership in organizations can give children, who might not have the chance, the opportunity to be involved in activities and unique experiences. Youth organizations give children from diverse backgrounds the chance to make new friends and strengthen friendships, develop their potential, and become involved in the community. Your child

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can become involved with organizations at school and attend school functions that foster involvement with other children. Figure 24.4 identifies some of the most well-known national organizations for children.

Many community and intramural athletic organizations involve children in sports such as softball, baseball, basketball, football, and soccer. These organizations may be sponsored by the city, religious organizations, or adult organizations. They offer opportunities for children to meet new people, learn a new activity, improve health and fitness, and succeed or excel at an activity. Parents often are involved with children's teams serving as coaches, providing transportation, sponsoring team

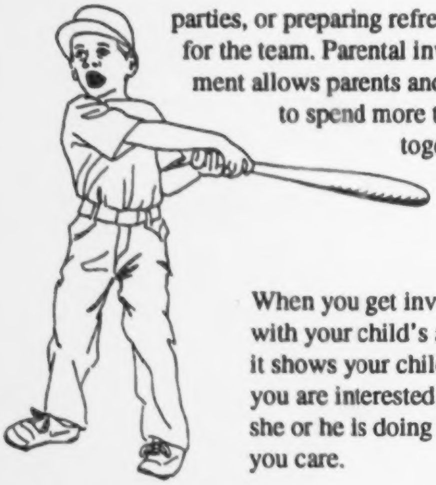
Youth Organizations

Boys and Girls Clubs of America	non-profit organization that provides support services for community clubs; focus is primarily on development of children from disadvantaged lifestyles; programs are available to enhance the skills necessary to become successful adults
Boys Scouts of America	teaches citizenship and leadership to youth age seven to twenty; also enhances skills in camping, swimming, crafts, and first aid
Camp Fire, Incorporated	provides opportunities for youth to recognize their potential and become responsible, caring citizens; a variety of programs are available that strive to improve conditions that affect children; programs are available for youth from kindergarten through high school
4-H	provides educational programs that allow youth to explore careers, develop new skills, and provide community service; projects deal with the environment, nutrition, leadership, plants and animals, health and safety, and science as well as many other subjects; youth learn skills to become responsible and productive citizens and adults
Girls Scouts of the USA	encourages youth age five to seventeen to develop their interests and abilities while also learning to become good citizens; helps individuals develop personal values as well as self-awareness
YMCA (Young Men's Christian Association)	provides youth with health and fitness, child care, international education and exchange, employment, leadership, and recreational programs; sponsors programs to combat juvenile delinquency; offers educational programs especially for disabled people; offers several parent-child activity programs that are intended to strengthen family relationships; adult programs also are available; both females and males are eligible for programs
YWCA (Young Women's Christian Association)	provides youth with child care, education in various subjects, health education, and recreational activities; sponsors programs to battle crime and delinquency; many chapters sponsor a program for teen members known as Y-Teens; adult programs also are available; both males and females are eligible for programs

Source: The Texas Health and Human Services Coordinating Council; *Health and Human Services in Texas: A Reference Guide*, 1991.

Figure 24.4

parties, or preparing refreshments for the team. Parental involvement allows parents and children to spend more time together.



When you get involved with your child's activities, it shows your child that you are interested in what she or he is doing and that you care.

PROFESSIONAL SERVICES

Some children may have serious emotional difficulties that parents cannot handle on their own. If this happens in your family, you may need to see a professional counselor who is trained to help people overcome their problems. It often is difficult for parents to seek professional help for their children because parents may feel ashamed to admit that they cannot handle their children's problems on their own. As a parent, it is important for you to understand that providing your child with appropriate care is nothing to be ashamed of. Parents should arrange for their children to participate in counseling as long as is necessary to overcome their problems.

In addition to professionals who help children with their emotional needs, other professionals specialize in helping children with their physical needs. Some doctors specialize in caring for children. These doctors include dentists and pediatricians as well as specialists and therapists who treat children with specific diseases or disabilities. For more information on personal health refer to Chapter 10.

Points to Remember

- Just as families help children to develop, communities have resources that provide services for families and family members. Each family is unique, and each community has its own unique set of services available to families and children.
- Community resources which provide prevention services focus on stopping problems in children and families before they start.
- Intervention services are necessary when an important problem with your child or your family already exists.
- School personnel provide you with both academic and emotional support.
- All children deserve the chance to receive an education. As a parent, you must enroll your child in school when he or she reaches the appropriate age.
- Many communities offer health care services for those who cannot afford medical care. These health care centers are supported by the government to help pay for clinical services.
- Youth organizations give children from diverse backgrounds the chance to make new friends and strengthen friendships, develop their potential, and become involved in the community.
- It often is difficult for parents to seek professional help for their children because parents may feel ashamed to admit that they cannot handle their children's problems on their own. It is important to understand that providing your child with appropriate care is nothing to be ashamed of.

Vocabulary

associate's degree
bachelor's degree
doctorate
enhancement services
graduate degrees
intervention services
master's degree
prevention services
sliding scale

Review

1. What are the three major categories of community services which provide services for families?
2. How can clergy or religious affiliation offer support services?
3. What types of support can educational services provide?
4. As a parent, why must you enroll your child in school?

5. How are fees charged at community health centers?
6. Identify three youth organizations and briefly summarize the benefits of each.
7. Why is it important to get involved in your child's activities?
8. What professional assistance is available for you and your child?
9. What services are provided by the Department of Health?
10. What services are provided by the Department of Human Services?

25 Careers and Job Opportunities

Essential Elements

(9) Concepts and skills related to careers and job opportunities.

- Explain the importance of work ethics.(9A)
- Determine skills and work habits contributing to employability.(9B)
- Describe the interrelationship between home life and work life.(9C)

Finding a job that offers personal satisfaction, adequate wages, and opportunities to learn and advance is not an easy task. It takes a great deal of time and effort to look for a job, not to mention the time and effort required to keep a job. In order for you to be a successful employee, you must possess certain qualities that are desired by employers. Qualities desired include self-control, initiative, cooperation, communication skills, and professionalism. An employer will look for these personal traits when you interview for a job. Employers also consider these qualities when evaluating you after you are hired. A person's failure to keep a job is often due to a lack of desirable personal qualities rather than a lack of job skills.

Characteristics Needed for Employment

Personal qualities can be developed and improved if a person makes a sincere effort to do so. Honest self-evaluation can help you determine your strengths and weaknesses. Honest self-criticism often leads to employment success. Each job that you have will assist you in strengthening your interpersonal qualities and prepare you for future employment and a productive personal life.

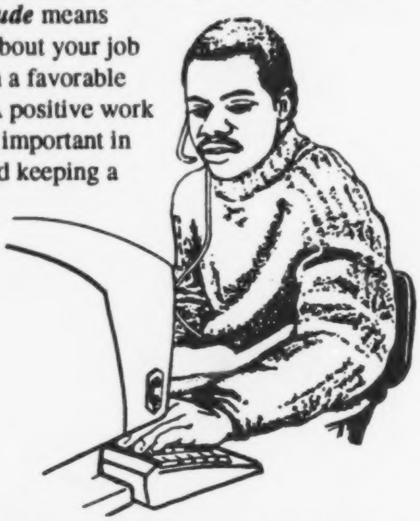
Traits considered to be important by employers include the following:

- positive attitude
- personality
- personal appearance

- self-control
- initiative
- cooperation
- honesty
- accuracy
- communication skills
- professionalism

POSITIVE ATTITUDE

Your self-image, relationships with others, and success in achieving goals are influenced by your attitude. ***Attitude*** involves your general manner or feeling toward a situation or person. A ***positive work attitude*** means thinking about your job or work in a favorable manner. A positive work attitude is important in getting and keeping a job.



When you have a positive attitude, goals are achieved more easily and stress is reduced. Having a negative attitude toward a particular situation or person causes problems to appear more serious than they really are. A negative attitude can lead to problems in getting along with co-workers, supervisors, and clients or customers. A positive attitude helps you carry out job responsibilities effectively and encourages general satisfaction. Enthusiastic employees concentrate on the positive attributes of a job as well as the positive attributes of other people. Cooperation, loyalty, optimism, patience, respect, enthusiasm, interest, and willingness are traits that show you have a positive attitude.

PERSONALITY

Personality is the visible aspect of one's character as it is presented to others. Some people may be described as having an outgoing personality and may seem to find it easy to talk with others and to be friendly. Others may be described as shy and may find it difficult to carry on conversations.

Various personality traits combine to create an image that a person projects to others. Personality traits which contribute to job success include appearance, neatness, courtesy, manners, cheerfulness, friendliness, ambition, cooperativeness, honesty, sense of humor, dependability, generosity, poise, truthfulness, tact, self-control, and the ability to get along with others. Being able to get along with different personality types is a desirable characteristic in any situation. These and a variety of other traits cause others to perceive you as having a certain type of personality. Individuals with a pleasant personality can successfully establish good relationships with other employees, supervisors, and customers or clients.

PERSONAL APPEARANCE

Personal appearance refers to the way you look. A good personal appearance is an important factor in achieving job success. Your appearance affects the way others react toward you. Your appearance also influences how you feel about yourself. Individuals with messy appearances are often perceived as being insensitive and uncaring. Individuals who are neat and well-groomed are the types of people others enjoy being around. Appearance also is important since it is often the first impression people have of you.

SELF-CONTROL

There are times in any job situation when problems can occur and it may be difficult to remain calm. ***Self-control*** is the ability to restrict your emotions and actions. A successful employee must keep temper under control and avoid unpleasant confrontations with co-workers, supervisors, clients or customers, and other individuals.

You can develop self-control by maintaining a pleasant disposition. Pausing to think before you speak or take action also helps you to control yourself. Learning to remain calm in difficult situations is an important trait for any employee. Working hard to perform well and obtain the respect of supervisors and co-workers makes self-control easier. Learning to accept constructive criticism and remain friendly is an important characteristic for any employee.

INITIATIVE

Initiative is the ability to think and act without being prompted. An employee with initiative is one who is willing and able to observe tasks that need to be done and complete them without being told to do so. A willingness to learn also is a sign of initiative. If you are eager to learn, you will ask about opportunities for growth and learning. Employers recognize initiative by giving increasing responsibility to those employees who show an interest in opportunities to learn new skills.

COOPERATION

Cooperation involves a willingness to listen to other people's views and opinions and to work toward common goals. You should become familiar with and follow the rules and policies of your employer. Willingness to complete all assigned tasks with a positive attitude is a characteristic of a cooperative employee. Even if personality problems exist between you and another employee, it is important for both of you to avoid petty differences and to work together as well as possible.

HONESTY

Honesty means being trustworthy, fair, and sincere. Employers expect employees to show honesty by maintaining high ethical standards, telling the truth, and handling the employer's possessions with care. Dishonest behavior includes stealing from a company and using company property for personal use. The most common item employees steal from their employers is time. If you report to work late, take extra time at breaks and lunch, leave work early, make personal phone calls, remain idle, and visit with other employees, you are using time for personal use that should be spent working.

ACCURACY

Accuracy is the condition of being thorough, exact, and free of mistakes. Your employer will expect you to perform your work accurately since accuracy is following procedures correctly without supervisors having to repeat instructions. You will be evaluated on your ability to follow instructions and perform tasks accurately. Paying attention to details rather than being careless in your work habits helps develop accuracy.

COMMUNICATION SKILLS

Communication is the giving and exchanging of information. Information such as ideas, data, and instructions is exchanged in the workplace daily. Therefore, the ability to communicate effectively with other people is important in succeeding on the job. Skills necessary for effective communication include listening, speaking, reading, and writing. It also is important to learn to pronounce words correctly, use standard grammar, and become familiar with terms used in a particular job setting. You must be able to use these skills to send and receive messages that can be understood clearly.

PROFESSIONALISM

Professionalism is competent behavior of a high standard or status. Professional behavior is exhibited when your performance is above the standards set for tasks and when you are loyal, considerate, and respectful to supervisors, co-workers, and other employees. Professional dress also is important for creating a professional image. You are more likely to gain the respect and attention of supervisors, co-workers, and other employees when you are well-groomed and

> You may have the loftiest goals, the highest ideals, the noblest dreams, but remember this, nothing works unless you do.
>
> \- Nido Qubein

wearing clean clothing appropriate for your job.

Professional growth can be obtained by participating in continuing education programs offered in the workplace or by local educational institutions. Many professional organizations offer certification courses in which you can be trained according to specified requirements set forth by the organization. You should strive to achieve professionalism since it often prepares you for advancement into positions requiring higher levels of skill.

Work Ethics

Ethics are standards of professional conduct. As you work, you will become familiar with the general rules of conduct in the organization where you are employed as well as the business world in general. As an employee, you can remain ethical by following the general laws and policies of your employer and by remaining loyal, honest, objective, and nondiscriminatory.

In order to be a successful employee, you must be ethical on the job. An ethical employee follows the rules of the establishment and the rules of confidentiality. ***Confidentiality*** means not sharing personal information about the organization's clients with someone outside of the situation. Financial transactions also should be kept in strictest confidence. Failure to do so reflects poorly on you and the business.

Interrelating Home and Work Life

It is frustrating at times to juggle daily school and job responsibilities as well as keep up with home and family responsibilities and other commitments. In every type of work there are demands and expectations that affect personal and family life. Research has shown that there is a reciprocal relationship between work satisfaction and family satisfaction. Work schedules and compensation are important factors that influence the demands, expectations, and satisfaction in both work and family life. It is important to recognize the relationship between work and family so that you have a better understanding of your current or future jobs and stresses. It is important for you to be able to consider the different aspects of a job in order to select one that is satisfying and compatible with your home and family responsibilities.

Finding a satisfactory job can be a diffi-cult task. Many people accept the first job that comes along with little thought given to whether the job is suitable for them and their family situation or where the job might lead.

Working full-time may free you from the greater economic insecurity of joblessness or part-time work, yet your job may cause you difficulty balancing work and family responsibilities.

A job that provides adequately for your financial needs often is not flexible enough to allow you to spend adequate and optimal time with your child. You may have to rely on several sources of income in order to meet the financial needs for yourself and your child. Before accepting a job, investigate the effect of the employer's policies regarding work hour flexibility; vacation, sick, and emergency leave policies; and possibly accommodations made for employees who have parental responsibilities.

Now that you are a parent or are about to become a parent, these considerations are even more important. You must consider not only yourself and your future, but also your child and his or her future.

Work hours and compensation are important factors to both work and family or personal satisfaction. When you consider any job, specific demands and expectations should be investigated. These demands and expectations will have a direct impact on your home life. Important details to consider include the following:

- work hours
- compensation
- benefits

WORK HOURS

Businesses maintain work hours based on the nature of the business, business size, production schedules, and number of employees. Regular work hours consist of forty hours of work per week, eight hours per day. A part-time job is one that consists of less than thirty hours per week.

Many offices are open from 8 a.m. to 5 p.m. Monday through Friday and are closed on the weekends. One hour is typically observed for lunch with a fifteen minute break in the morning and a fifteen minute break in the afternoon. Many retail stores, especially those located in malls, are open from 10 a.m. to 9 p.m. Monday through Saturday and limited hours on Sunday. Some grocery stores, medical facilities, and many manufacturing plants are open twenty-four hours a day, seven days a week.

Office buildings, some manufacturing plants, and some retail stores close on weekends and holidays. Other businesses are open during weekends and holidays. Depending on the type of business, there are peak seasons when more work is required. For example, retail stores are very busy just prior to the Christmas holidays when gifts are purchased by many people. Management must schedule enough workers for the hours the business is open and for the projected business that will occur during those hours. During peak seasons, management may require or offer employees the option to work overtime (extra hours in addition to regularly scheduled hours) or hire extra employees to work during the peak season only.

When looking for a job, you must consider your obligations to your child, school, and family. Finding a work schedule that is compatible with your needs and desires is not an easy task.

Shift Schedules

Businesses that are open twenty-four hours a day schedule employees in shifts. Shifts refer to work schedules in which one crew of workers works a designated length of time or schedule and is then relieved by another crew of workers who do the same. Typical shift hours for hospitals and other businesses that are open twenty-four hours a day include the following:

- 7 a.m. to 3:30 p.m.
- 3 p.m. to 11:30 p.m.
- 11:00 p.m. to 7:30 a.m.

Rotation Schedules

Some businesses use rotation schedules. A rotation schedule ensures that a business has a full staff every work day, that no employee will work more than five days in any work week, and that weekend assignments are shared equally. With a rotation schedule, your work schedule may change from week to week.

Flexible Work Schedules

Employers may provide flexible working hours in certain situations. Flexible work time also is known as flextime. ***Flextime*** allows workers to set their own schedules or work hours within limits. Employees are allowed some flexibility in choosing the time but not the number of hours they work. Flextime often is used by working parents, students, and others who may have difficulty working the regular hours observed by the business. Once a schedule is set, the worker is expected to follow it every week. If changes are necessary, the supervisor must be notified within an appropriate amount of time.

COMPENSATION

A ***salary*** refers to a rate of compensation or payment you will receive that is figured by the hour, week, month, or year. Each business has policies regarding how employees are paid for the work they do.

A business typically pays employees different amounts, depending on their experience and responsibilities. Some employees receive the same amount in each paycheck while others receive a different amount each time. If you are paid by the hour, then the amount of money you earn depends on the number of hours you work. You may also be paid ***overtime*** (usually time and one-half or one and one-half times the normal rate) if you work more than a certain number of hours per week. In general, if you are a ***salaried employee***, you will receive a fixed amount of pay regardless of how many hours you work. You may receive a different amount in each paycheck because you receive a commission or salary and a commission. The different types of compensation include the following:

- wage
- straight salary
- commission
- tip
- bonus

Wage

A ***wage*** is an hourly rate of pay for an employee. ***Minimum wage*** is the least amount of money an employee can be paid per hour and is set by law. For many jobs that do not require college degrees or special training, entry-level employees are hired at minimum wage. As experience is gained, hourly salaries may increase to amounts above the minimum-wage rate.

Straight Salary

Straight salary offers you a set rate of pay for the work you do. Salaried employees occasionally work overtime with extra pay. Salary is figured by the week, month, or year. Paychecks are distributed weekly, biweekly, or monthly. The straight salary method is used most often with office workers and management. Workers paid by this method usually receive benefits such as paid vacations, sick leave, and paid holidays.

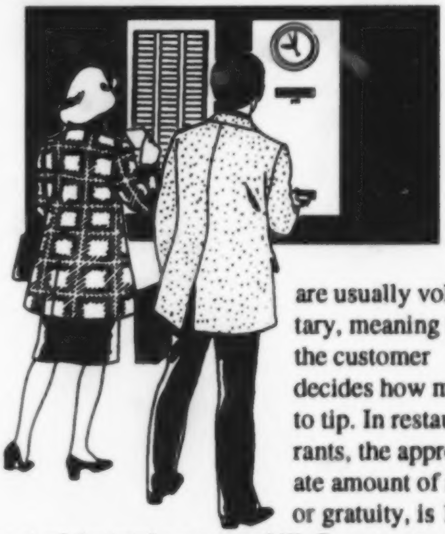
Commission

When you work on a commission, your salary can fluctuate dramatically from one paycheck to the next. ***Straight commission*** is primarily used to pay salespeople. Straight commission pays an employee a specific percentage of the total volume sold. For example, you sell $10,000 worth of merchandise in one month. If you are paid on a straight commission based on 8 percent of volume, you would earn $800 during the month.

Salary plus commission includes a set salary plus a percent of each sale as an incentive. Salary plus commission is very common in department and specialty store retailing, as well as nonstore retailing. It offers an employee a minimum level of security in a job. It also creates an incentive for the salesperson by tying performance to the paycheck.

Tips

If you work in a service industry, you may receive much of your income from tips. ***Tips*** can be defined as small sums of money, usually cash, given to employees by satisfied customers. Tips are usually voluntary, meaning that the customer decides how much to tip. In restaurants, the appropriate amount of a tip, or gratuity, is 15 percent of the total customer bill. Some customers may pay only 10 percent while others may pay 20 percent. Some businesses require their workers to pool their tips daily. The tip money then is divided equally among the employees. Other businesses allow each employee to keep all of the money gained through tips.



Bonus

A ***bonus*** is an extra payment that is given to an employee for excellent work or as a share of the profits. Many businesses give employees a bonus at the end of a profitable year or at the end of a successful project.

BENEFITS

In addition to pay, many employers provide ***benefits*** to their employees. You cannot spend benefits, but the benefits may be worth a great deal of money. Company benefits can add to your total family income level by reducing out-of-pocket expenses. For example, if your employer pays your medical insurance premium, your out-of-pocket expenses could be reduced by $200 to $400 per month—the approximate cost of family medical insurance if you paid the premium yourself.

Research has shown that the productivity and satisfaction of employees can depend on the type of support and benefits offered by the employer. Many employers say that their employees are more productive and satisfied if there are supportive benefits or policies that contribute to the well-being and stability of families.

Company benefits are an important part of the job you select. Benefits vary from one company to another. Benefits also may vary according to an employee's position. As an employee moves up in a company through promotions, benefits may increase. Sometimes higher than normal salaries are offered to make up for low company benefits. However, a lower salary with excellent company benefits may provide the best total pay package.

Examples of company benefits include the following:
- vacation leave
- sick leave
- holidays
- profit sharing and retirement programs
- child care options/programs
- health insurance
- cafeteria plans

Vacation and Sick Leave

Vacation leave, or annual leave, and ***sick leave*** are called employee benefits because you usually continue to receive pay during the vacation period or time of illness. You probably will have to request permission to schedule vacation time. Employees who have been employed the longest may be given the first choice for vacation leave. You may be assigned a specific number of days per year that can be used as sick leave. Some companies may allow you to collect sick leave over a period of time without losing it if it is not used. Most companies allow you to use your sick leave when your child is sick or when other family members are sick and in need of your assistance. A new employee may be required to work a certain period of time, such as six months or a year, before vacation or sick leave can be taken.

Holidays

Holidays are those days set aside by law or custom to commemorate an event or to serve as a day of freedom from labor or work. There are no official national holidays in the United States. Private businesses are not required to observe holidays; however, Sunday is commonly recognized as a holiday but is not mandated by law.

Certain holidays are observed by most companies during the year. It is up to the employer to determine which days are set aside as paid company holidays. Employees are paid for these days even though they may not work on these holidays. Banks and federal offices close on federal legal holidays during the year. These holidays include the following:
- New Year's Day
- Martin Luther King, Jr.'s Birthday
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day

Profit-sharing and Retirement Programs

Pension plans and profit-sharing plans are common benefits available for employees. ***Pension plans*** are a type of retirement plan. The money placed in the pension plan is contributed by the employer, and in many cases, the employee also contributes to the plan. A ***profit-sharing plan*** is a plan in which businesses share part of their profits with their employees. Employees can receive their share of the profits in the form of a bonus check, or the funds can be placed in a special investment account where the money accrues interest. Employees receive the funds in the investment account when they leave the company.

Child Care Options/Programs

Research has shown that employees who must find and maintain adequate child care have added difficulties which affect their productivity as well as the company's. Lost work time, stress, and worry can cause poor employee morale, thus

affecting the employees' productivity. In an effort to combat these difficulties, many businesses have begun offering child care options to their employees. Businesses may offer parental leave, child care subsidies, resources and referrals, and voucher systems. Parental leave may be available for either mother or father to take care of a newborn. With a voucher system, part of your pretax salary is set aside in a special account or voucher. You can then use the voucher to pay child care expenses. You do not pay taxes on this amount.

As a company benefit, many large companies provide on-site child care centers for children too young to go to school. Parents are able to bring their children to work rather than having to find someone to care for them. These centers are located at or very close to the business headquarters. Their hours are compatible with employee work schedules, and the cost is often supplemented by the corporation.

Health Insurance

Most company-sponsored insurance plans or group health insurance plans cover hospital and medical costs. In general, group health insurance provides more coverage at a lower cost than individual coverage. The company may pay part or all of the health coverage premiums. ***Premiums*** are payments made in one sum or periodically for an insurance policy. Additional family members may be included on your policy and their premiums or a portion of their premiums also may be paid by the company. Coverage may vary through exclusions and limitations from one insurance company to another. Certain illnesses and treatments may be excluded from a particular policy. The ***deductible*** (the amount the insured party must pay before the insurance company will pay a claim) also may vary. Types of group health insurance coverage that may be available include the following:

- **Basic Medical**—covers hospitalization, medicine, doctor visits, and laboratory tests.
- **Major Medical**—covers expenses from large medical bills. It begins paying where basic medical insurance stops.
- **Dental**—covers routine cleanings and a percentage of approved dental and orthodontic expenses.
- **Disability**—provides regular income payments when a person is unable to work because of an illness or injury. The maximum coverage is two-thirds of a worker's gross income.

Cafeteria Plans

People have different needs and goals during various stages of the life cycle. Because employees have different wants and needs, some businesses offer cafeteria plans to their employees. A ***cafeteria plan*** refers to a benefit package in which employees are allowed to select a certain number of benefits from a benefit menu to fit their individual needs.

FAMILY RESPONSIBILITY

Regardless of whether a family is headed by a single parent or two parents, the family is expected by society to

- provide for basic physical and psychological needs of its members;
- foster affection, understanding, responsibility, respect, and consideration within the family and in relationships with other people; and
- assist in preparing its children for a meaningful existence in society.

The family is legally responsible for the care and rearing of its children and for the welfare of its members. Some functions of families are partially carried out through special community or government agencies, but the basic responsibilities still rest within the family. Therefore, a role which all parents must fulfill for their children is that of financial supporter.

You may be the person ultimately responsible for meeting all of the financial needs of the family and you must decide what level of housing can be afforded, what purchases can be made, and what style of life is possible. Parenting limitations and adjustments result from career choices of parents. Your career choices must be made carefully with consideration for your own needs and the needs of your child and other family members.

Points to Remember

- Finding a job that offers personal satisfaction, adequate wages, and opportunities to learn and advance is not an easy task.
- Personal qualities can be developed and improved if a person makes a sincere effort to do so. Each job that you have will assist you in strengthening your interpersonal qualities and prepare you for future employment and a productive personal life.
- A positive work attitude means thinking about your job or work in a favorable manner.
- Individuals with a pleasant personality can successfully establish good relationships with other employees, supervisors, and customers or clients.
- A successful employee must keep temper under control and avoid unpleasant confrontations with co-workers, supervisors, clients or customers, and other individuals.
- An employee with initiative is one who is willing and able to observe tasks that need to be done and complete them without being told to do so.
- Professional behavior is exhibited when your performance is above the standards set for tasks and when you are loyal, considerate, and respectful to supervisors, co-workers, and other employees.
- In order to be a successful employee, you must be ethical on the job. An ethical employee follows the rules of the establishment and the rules of confidentiality.
- In every type of work there are demands and expectations that affect personal and family life.
- Many people accept the first job that comes along with little thought given to whether the job is suitable for them and their family situation or where the job might lead.
- When looking for a job, you must consider your obligations to your child, school, and family. Finding a work schedule that is compatible with your needs and desires is not an easy task.
- Your career choices must be made carefully with consideration for your own needs and the needs of your child and other family members.

Vocabulary

accuracy
attitude
benefits
bonus
cafeteria plan
communication
confidentiality
cooperation
deductible
ethics
flextime
holidays
honesty
initiative
minimum wage
overtime
pension plans
personal appearance

personality
positive work attitude
premiums
professionalism
profit-sharing plans
salaried employee
salary
salary plus commission
self-control
sick leave
straight commission
straight salary
tips
vacation leave
wage

Review

1. List five traits considered to be important by employers.
2. What is the most common item employees steal from their employers? Why?
3. As an employee, how do you remain ethical?
4. What are two benefits of working full-time? What are two benefits of working part-time?
5. Why are your work hours an important consideration when looking for a job?
6. How do shift schedules and rotation schedules differ?
7. What are three advantages of flextime?
8. Why are benefits an important consideration when looking for a job?
9. List three examples of company benefits and the advantages of each.
10. Why should career choices be made with careful consideration?

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